Paid

Preparer

Use Only

~			,						-	OMB No. 1545	L0047
		.99		Under section 501(c), 8	27, or 4947(a)(1)		e Code (exc	ept private f	oundation	/ 004	9
		. Jenuer Imant et th			-	numbers on this form	-	_		Open to Pu	
		lment of the				990 for instructions a		information.		Inspection	on'
A	F	or the 2	019 calend	er year, or tax year begi	nning t	الماع الماسية والألا	diending			<del> </del>	
В	C	hock t	C Name of	organization	Re	eived US Bank	USB	D Employ	er identifi	cation number	•
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		Acdress clangs	THE	HOUSING PARTN	iership	-		}			
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<u> </u>		Jaguru Juguru	Number	and street (or P.O. box if r	mail Is not delivered	o street address)	Room/sulte	E Telepho			
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				own, státe or province, co	cuntry; and ZiP or	foreign postal code		G' Grose rocol	pta S	1,313,	981.
		Arranced Intuin			3802			H(a) is this	á group n	einu)	
	- ;	Apploa-	F Kame ar	nd address of principal of	ficer: MARTY	CHAPMAN	$\sim$	for sul	ordinațés	3?Yes 🖸	X No
		ರಿಯವುಬರೆ		AS C ABOVE		<u> </u>		H(b) Are all m	borcinatos k	natuded? 🔲 Yes 🛚	No
Ī	T	ах-вхет	pt status:	X 501(c)(3) 501(c	c) ( ) <b>◀</b> (in	sert no.) 4947(a)(1	or <b>2</b> 527	lf "No,	" attach a	list. (see instructio	ns)
				HOUSINGPARTNE	RSHIP.ORG			H(c) Group	exemptio	n number 🕨	
K	Fc	orm of er	ganization:	X Corporation Tru	ıst Associatio	on Other	L Year	of fermation;	1988	VI State of legal domi-	cile; NH
		rt I S	ummary								
	7	1 Er	lefly describ	e the organization's miss	ion or most signific	ant ectivities: THE	HOUSIN	G PARTI	VERSH.	IP'S (THP)	)
	Governance	M	ISSION	IS TO STRENG	THEN THE	COMMUNITIES	OF THE	GREAT	BR SE	ACOAST	
		2 C	neck this box	if the organiz	etion discontinued	its operations or disp	erom fo. base	tinan 25% of	its net as	ŝets.	•
`	ğ	3 NL	imber of vot	ing members of the gove	ming body (Part V	l, line 1a)	*****		з	l	8
ć	8			ependent voting member							8
•	8			of Individuals employed in							3
Ý	욁			of volunt <del>eers</del> (éstimate it							33
4	Activities &			business revenue from !							0.
•	۹			business taxable income					7b		0.
	7			·				Prior Ye	er .	Current Yea	1°
	ا۔	B Cc	arteibutions a	end grants (Part VIII, Kne	th)			618	,637.	466,	946.
	흵			ce revenue (Part VIII, line:				946	,325.	756,	162.
	Revenue			ome (Part VIII, column (A				481	,568.	<218,10	00.>
ء د	ڇَا			(Pert VIII, column (A), line				<36,	160.>	5,	275.
	1			edd lines 8 through 11 (				2,010	,370.	1,010,2	283.
-	٦			nilar arnounts paid (Part i					0.		0.
	1			o or for members (Part iX		,		,	C.		0.
	,		·-	· · · · · · · · · · · · · · · · · · ·				373	,078.	357	423.
	8	16a Pr		compensation, employe.	a maileilm (Lair IV)				, 0 , 0 .		
	۵ŀ		ofessional fu	rcompensation, employe indialising fees (Part IX, c	olumn (Å), line 11e	)			0.	337,	0.
	ă.	<b>b</b> To	ofessional fu tal fundraisi	compensation, employe indratising fees (Part IX, co ng expenses (Part IX, coli	olumn (Å), line 11e umn (D), line 25)	)	22.			337,	<u> </u>
	Expens			indraising fees (Part IX, coing expenses (Part IX, coing	olumn (Å), line 11e umn (D), line 25)	) ► <u>22,5</u>	22.			840,	
		17 Ot	her expense	indraising fees (Part IX, coing expenses (Part IX, coins (Part IX, column (A), line	olumn (Å), line 11e umn (D), line 25) es 11a-11d, 11f-24	) <b>22,5</b> (e)	22.		0. ,087.		725.
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S E S Tallet Assets or 1	Sacurage Juli 19 5.	17 Ot 18 To 19 Re 20 To 22 Ne rt II. I persitte correct, a	her expenses tal expenses evenue tess e tal assets (P tal liabilities et assets or f Signature and complete Signature	andraising fees (Part IX, coing expenses (Part IX, coing expenses (Part IX, coing expenses 13-17 (must expenses. Subtract line 1 ext X, line 16) (Part X, line 26) (Part X, line 26) (Part X, line 26) (Part X, line 27) (Part X, line 28) (Part X, line 26) (Part X, line 27) (Part X, line 28) (Part X, line 26) (Part X, line 27) (Part X, line 28) (Part X, line 26) (Part X, line 27) (Part X, line 28) (Part X, line 26) (Part X, line 27) (Part X, line 28) (Part X, line 26) (Part X, line 26) (Part X, line 27) (Part X, line 27) (Part X, line 28) (Part IX, column (A), line (Part X, line 16) (Part IX, column (A), line (Part IX, line 15) (Part IX, line 16)	clumn (Å), line 11e umn (D), line 25) es 11e-11d, 11f-24 equal Part IX, colu 8 from line 12 ine 21 from line 20 d this return, includior than officer) is ba	22;5  ie) mn (A), line 25) mg accompanying schedul sed on all information of v	Bê	653 1,026 984 attening of Gur 6,044 2,507 3,537 ints, and to the	0. ,087. ,165. ,205. rem Year ,740. ,561. ,179. best of my adge.	840, 1,198,1 <187,86 End of Year 5,542,6 2,411,4 3,130,6	725. 148. 65.> 7 064. 438.
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May the IRS discuss this return with the preparer shown above? (see instructions)

92201 01-20-20 UHA For Paperwork Reduction Act Notice, see the separate instructions.

NESSERALLA & COMPANY

MANOMET, MA 02345

Firm's address P.O. BOX 1752

X Yes No Form 990 (2019)

₽01068572

COMPANY, LLC Michael Nesseralia

Phone no.603-369-3812

Ferm	99C (2019) THE HOUSING PARTNERSHIP	02-0427331	Page 2
Pa	rt III   Statement of Program Service Accomplishments		
	Check if Schedule O conteins a response or note to any line in this Part I.	1119*******************	
1	Briefly describe the organization's mission:		
	THE HOUSING PARTNERSHIP'S (THP) MISSION IS TO STRENGTHEN	THE	
	COMMUNITIES OF THE GREATER SEACOAST REGION OF NEW HAMPSH		
	SOUTHERN MAINE BY CREATING DIVERSE HOUSING OPPORTUNITIES	, UTILIZING	
	INNOVATIVE APPROACHES TO DEVELOPMENT, AND PRACTICING STR	ONG	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	ff "Yes," describs these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as a	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, an	d
	revenue, if any, for each program service reported.		
4 <b>a</b>	(Code. ) (Expenses 566,699. Including grants of 6 ) (Revenue		84.)
	RENTAL PROPERTIES - THP OWNS/OVERSES THE PROPERTY MANAGE		
	AFFORDABLE APARTMENTS AND 2 COMMERCIAL UNITS IN DOVER, EX		
	FARMINGTON, LBE, ROLLINSFORD, RYE, KENNEBUNK, ELIOT, AND	SOUTH BERWIC	K.
		<u></u>	
	204 055		
410	(Code: 1) (Expenses \$ 394,955. Including grade of \$ PROPERTY DEVELOPMENT - DEVELOPMENT OF AFFORDABLE HOUSING		—— ì
	CONSTRUCTION OF NEW HOUSING AS WELL AS PURCHASE AND REHAL		
	HOUSING.	OF BAIDLING	
	noosing.		
		<del></del>	
		· · · · · · · · · · · · · · · · · · ·	
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			<del></del>
40	(Code: ) (Expenses \$ 58,298. including grants of \$) (Rovers	pa \$	3
	HOMEWARD BOUND - A FREE AND COMMUNITY-BASED COMPREHENSIV		
	EDUCTION PROGRAM OFFER IN THE SEACOAST REGION OF NEW HAMI		
	THE ONLY HUD-CERTIFIED HOMEBUYER EDUCATION PROGRAM OFFER		
	SEACOAST REGION. THE 8-HOUR PROGRAM TEACHES THE STEPS NEG		
	SUCCESSFUL HOMEOWNERSHIP. IT PREPARES GRADUATES TO NAVIG		
		GAIN ACCESS	TO
	TRANSITIONAL BANK FINANCING, AS WELL AS SATISFYING THE RI	EQUIREMENTS C	7
	MANY INCOME-RESTRICTED LOAN PROGRAMS. THE PROGRAM ALSO OF		
	ESTABLISHING AND SAVING FOR A DOWN PAYMENT, IMPROVING CRI		
	SHOPPING FOR A HOME, SECURING A MORTGAGE, GETTING A HOME		
	CLOSING THE SALE AND KEEPING A HOME AND MANAGING FINANCES		N,
	THE PROGRAM OFFERS APPOINTMENTS FOR INDIVIDUAL COUNSELING	3.	
4d	Other program services (Describe on Schedule O.)		
	(Px; y <sub>1</sub> =2 8 including grade of 8 ) (Revenue 8	<u> </u>	
40	Total program service expenses ► 1,019,952.		
		Form 99	(2019)

102-0427331 Page 3

Form 990 (2019) THE HOUSING PARTNERSHIP
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	le the organization required to complete Schedule R, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	is the organization a section 501(c)(4), 501(c)(5), or 601(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? /f 'Yas,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or hivestment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
B	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	Ì		
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrew 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 negutiation services?			•
	If "Yes, ' complete Schedule C, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	-	X
1.1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
8	Did the organization report an ansount for kind, buildings, and equipment in Part X, line 107 If 'Yes,' complete Schedule D,		<b></b>	
	Part VI	11a	X	
p	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 167 /f "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	110		_
đ	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	11d	x	
	Part X, line 16? If "Yes," complete Schedule D, Fart IX	110		
_	Did the organization report an amount for other ilabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116	-	
f	Did the organization's separate or consolicated financial statements for the tax year include a footnote that addresses	111	x	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yas," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
122		12a		X
	Schedule D, Parts XI and XII	12.0		
D	· · · · · · · · · · · · · · · · · · ·	12b	х	
13	If "Yes," and if the organization answered "No" to line 12e, then completing Schedule D, Parts XI and XII is optional	13	===	X
14a		140		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			-
	Investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," curriplete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Perts III and IV	16		X
17	Ord the organization report a total of more ther: \$15,000 of expenses for professional funoralsing services on Part IX,			
	column (A). Iknes 6 and 11e? If "Yes," complete Scheoule G, Fart I	17		X
18	Did the organization report more than \$15,000 total of fund:aising event gross income and contributions on Part VIII, lines			
	1c and 8a? if "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"			·
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5 000 of grants or other assistance to any domestic organization or	}	_ ]	
	domestic government on Part IX, collumn (A), line 17 # "Yes," complete Schedule I. Parts I and II.	21	ابييا	X_
		_	$\alpha\alpha$	

	6: Wi Low Aan Liele			******************
Part V	Statements F	legarding Othe	r IRS Filings a	nd Tax Compliance

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

			Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1b 0	ĺ		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
	(gembling) winnings to prize winners?	1c [	[	

Form 990 (2018)

<b>2</b> a	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 2a 3	~ 4		
Þ	If at least one is reported on line 2e, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	`~		
	Did the organization have unralated business gross income of \$1.000 or more during the year?	38		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		
<del>4</del> a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		1	<u>.</u>
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
Þ	If "Yes," enter the name of the foreign country	'		1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAH).		-	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		<u> </u>
Ċ	If "Yes" to line 5a or 5b, old the organization file Form 8886-T?	5c		├
<b>6</b> a		_		
	any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ł
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		X
8	Did the organization receive a payment in excess of \$75 made partty as a contribution and partty for goods and services provided to the payor?	7a 7b		<del>  ^</del>
b	It "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	713	,.	
C		.7c		X
_	It "Yes," indicate the number of Forms 8262 filed during the year	, , , ,	_	-
•	Did the organization receive any funds, directly or indurectly, to puy premiums on a personal benefit contract?	7e		_
t	Did the organization, during the year, pay premiums, directly, or a personal benefit contract?	71		<b>-</b>
ñ	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cors, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	eponsoring organization have excess business holdnigs at any time during the year?	8		
9	Sponsoring organizations mainteining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoning organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			ļ
â	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c) 12) organizations, Enter:	i		
	Gross income from members or shareholders	i		l
b	Gross income from other sources (Do not net amounts due or paid to other sources against	,		i
	amounts due or received from them.)		-	ŀ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		,	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	45		├
a	Is the organization licensed to issue qualified hoalth plans in more than one state?	13a		├─
	Note: See the instructions for additional information the organization must report on Schedule O.			
Ь	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans			}
	Enter the amount of reserves on hand	148		X
14a	• • • • • • • • • • • • • • • • • • • •	148 14b		<del>                                     </del>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			<del>                                     </del>
15	excess parachute payment(s) duning the year?	15		X
	ff "Yes," see Instructions and file Form 4720, Schedule N.			<del>                                     </del>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule C.			
	11 199) Southway Ami Trea, Contains C.		~~~	

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C. See Instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 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 9. b Enter the number of voting members included on line 1a, above, who are independent 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? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filled? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 7a Did the organization have members, stockholders, o: other persons who had the power to elect or appoint one cr more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be resurred at the organization's mailing address? If "Ves " provide the names and addresses on Schadule O Section B. Policies This Section B mayests information about policies not required by the internal Revenue (Lode.) b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

10a Did the organization have local chapters branches, or affiliates? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? if "No," go to line 13 ...... b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Dld the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

17	List the states with which a copy	y of this Form	990 is required to	be filed 🖡	> <u>NH</u>

- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
  - X Upon request Other (explain on Schedule O) Own website X Another's website
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records BRENDA GLADU - (603) 766-3129

DYPHAY GRUDO _	1003/	700 .J. Z. Z. Z		
767 ISLINGTON	STREET,	PORTSMOUTH,	NH	03801

Form 990 (2019) THE HOUSING PARTNERSHIP	02-0427331	Page							
Form 990 (2019) THE HOUSING PARTNERSHIP U2-042/331 Form 990 (2019) THE HOUSING PARTNERSHIP U2-042/331 Form 990 (2019) THE HOUSING PARTNERSHIP U2-042/331 Form 990 (2019)									
Employees, and Independent Contractors									
Check if Schedule O contains a response or note to any line in this Part VII									

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- Ta Complete this takle for all persons required to be listed. Report compensation for the calendar year ending with or within the organization citiz 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-M/ISC) 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 paisons above

(A) Name and title	(9) Avérage Induis par weak	ιòοx	(C) Position (do not check mare then one box, unless person is both an cificer and a director/husses)			ihen o s bott	an i	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated eimount of other
	(list any hours for related organizations below line)	And Widnes, Str. 460 or Glactor	lestitions inche	Offices	aesiopina say	Highest conspensated enployee	romor	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(A) JOERPH GALLI	1.00									
director		X						0.	<u> 9.</u>	0.
(2) FHILIP COMEN	1.00		Ì				,	` _	_	=
TREASURER .		X						0.	0.	Ō,
(3) MIDGE LEITER MR. SOM	1.00	l						_	_	
director		Х				_		0.	Q.	. O.
(4) BILL CORMIER	1.00									
DIRECTOR		X	_	L.,				0.	0%	0.
(S) SANDER PAGEL	1.00	l							_	ł'
DIRECTOR .		X				Н		0.	0.	0.
(6) JEFF GILBERT	1.00								•	
Prasident		_	_	X	_			0.	0.	0.
(7) RAYMOND H. WEAVING	1.00									
VICE PRESIDENT	<del></del>	١_	Н	X		Н	-	0.	0.	0.
(8) RYAN J. BISHOP DIRECTOR	1.00			x				0.	0.	. 0.
(9) Marty Chapyan Executive Director	43.00			x				151,718.	0.	0.
									-	
		┞					-			
		-		_			-			
					-					
		-					_			
		$\vdash$	Н		-					

THE HOUSING PARTNERSHIP

02-0427331

Page 8

Statement of Revenue Chack if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Unrelated Related or exempt Total revenue business revenue from tax under function revenue sections 512 - 514 1 a Faderated campaigns ..... Grants b Wambership dues ........ 15 80,380, c Fundraising eyents ...... 10 d Related organizations ..., . ... 10 346,497. Government grants (contributions) 10 4 All other contributions, gifts, grants, and 39,569, simita umounts not included above ... 5,500. g Noncasi contributions included in lines to-th ] 1¢∮\$ 466,546. Total Add Ines 18-11 Bustness Code 2 e RENTAL INCOME 531110 479,135. 475,13E. DEVELOPER PER 531110 254,651. 264,661. 12,346. 12,346. INCENTIVE MANAGEMENT FEE 531110 f All other program service revenue .... 758,152. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 47,575. 47,575. (Alier similar emounts) income from investment of tax-exempt bond proceeds Royalties ...... 5 (ii) Personal (f) Real 6 a Gross rents ...... 6a & Less, rental expenses G Rental income or (loss) d Nat rental income or (loss) (i) Socurities (li) Other 7.a Gross amount from sales of assets other than inventory to Less: cost or other basis 265,676. erid salas expenssa Other Revenue <265.575.> c Gain or (loss) 7c <265,675.> <265,675.> d Net gain or (loss) ... ......... 8 a Gross income from fundralsing events (not 80,880. of contributions reported on line 1c). See Fart IV, ime 18 38,G22. b Lass: direct expenses <38,022.> <38,022.s e Net income or (loss) from fundralsing events 9 a Gross income from gaining activities. See Part IV, line 19 b Less: direct expenses e Net income at (loss) from garning activities 16 a Gross sales of inventory, less returns and allowances . . . . . . . . . . . . . . . . . . тоь b Less, cost of goods sold ........ c Net Income or floss) from sales of inventory Business Code 27,164. 27,144. 11 a RECOVERY OF BAD DEBTS 531110 13,221. 13,221. 531110 SMCOKE FERRIC Þ 2,532. 2,532. LAUNDRY/VENDING INCOME 531110 43,297. > Total. Add lines 11a-11d 533,784. 9,553. 1,010,283. Total ravenue. See Instructions 12\_

Form 990 (2019) THE HOUSING PARTNERSHIP Part IX Statement of Functional Expenses

Check if Schedule O conteins a respons	(A)	(8)	(C)	(D)
o not include amounts reported on lines 65, , 65, 95, and 105 of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundralsing expenses
·Grants and other assistance to domestic organizations				-
and domestic governments. See Part IV, See 21				
Grante and other assistance to domestic	l			
individuals See Part IV, line 22			<del></del>	
Grants and other assistance to foreign				
cyanizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16			<del></del>	
Benefits paid to or for members	<del></del>			
Compensation of current officers, directors,	141,253.	102,608.	35,374.	3,27
trustees, and key employees Compensation not included above to disqualified	737,6004	202,000.1	33,3,4,	
Compensation not included above to disqualified pe-sons (as defined under section 4853(f)(1)) and	1	,	Ì	
carsens described in saction 4958(c)(3)(6)	•		i E	
Other salaries and wages	166,582.	103,731.	54,646.	8,20
Faneton plan accruats and contributions (include				
section 401(k) and 403(b) employer contributions)	20,595.	13,804.	6;023.	76
Other employee benefits	8,089.	5,422.	2,365.	30.
Payre# texes	20,904.	14,012.	6,113.	77
Fees for services (nonemployees).				·
B. (Management	54,593.	54,593.		
b Legal	37,928.j	37,928.		
e Accounting	17,349.		17,349.	
¿ Lobbying				·
Professional fundralsing services. See Part IV, line 17	· ·			
Investment management fees				
n Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch O.)	31,113.	26,529.	3,851.	73. 3,02
Advertising and promotion	3,39€.	373.	· · · · · · · · · · · · · · · · · · ·	
Ottos expenses	26,691.	19,535.	5,669.	1,48
Information technology				
Royaltics	060 101	242 762	15 050	2 20
Obcupancy	262,101.	243,763.	15,958. 1,409.	2,38
Travel	8,760.	7,033.	1,409	21
Payments of travel or entertainment expenses	j			
for any federal, state, or local public officials			<del></del>	
Conferences, conventions, and meetings	72 101	66 780	4 701	70
Interest	72,191.	66,789.	4,701.	, 0
Payments to affiretes  Depreciation, depletion, and amortization	80,201.	79,564.	554.	8
	35,486.	33,719.	1,538.	22
Other expenses. Itemize expenses not covered	33,430	,	-, -, -, -, -, -, -, -, -, -, -, -, -, -	***
abova (List miscellaneous expanses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expanses on Schedule O.)				
REPAIRS AND MAINTENANCE	179,435.	179,420.	13.	<del> </del>
OTHER	21,866.	21,516.	111.	23
BAD DEBT	9,613.	9,613.		
1				
All other expenses				
Total translingal expenses. Add lines 1 through 24s	1,198,148.	1,019,952.	155,674.	22,52
Joint seats. Complete this line only if the organization				
reported in enjurin (B) joint costs from a combined		Ì		
sdupational campaign and fundraising solicitation.	1		]	
Cireak here  # following SOP 88-2 (ASC 958-720)	1		j	

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 499,545. 380,307. Cash non-interest bearing 1,090,989. 1,380,607. Savings and temporary cash investments 2, 165,475. 30,000. 3 3 30,170. 23,670. Accounts receivable, net Loans and other receivables from any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4956(f)(1)), and persons described in section 4958(c)(3)(B) 705,156. 635,192. 7 Notes and loans receivable, net Inventories for sale or use 26,635. 37,614. Prepaid expenses and deterred charges 9 10a Land, buildings, and equipment: cost or other 2,815.714. basis. Complete Part VI of Schedule D 10a 901,032. 1,687,559. 1,128,155. Less: accumulated depréciation 10b 499,255. 584,318. 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 100. Investments - program-related. See Part IV, line 11 13 13 13,387 12,651. 14. Intangible assets 14 1,183,060. 6,044,740. 116,048. 700,082. Other assets. See Part IV, line 11 15 15. 5,542,064. Total assets. Add lines 1 through 15 (must equal line 33) 13 18 17 60,669. Accounts payable and accrued expenses 17 18 18. Grants payable 2,040. 1,498. 19 19 Deferred revenue Tax-exempt bond liabilities ....... 20 20 Escrow or custodial account liability: Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 2.312.0022,256,207. 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 77,471 93,064. of Schedule D 2,507,561. 2,411,438. Total ligbilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 or Fund Balances and complete lines 27, 28, 32, and 33. 3,029,520. 3,282,524. Net assets without donor restrictions 27 101,106. 254,655 a Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Net Assets 30 Pald-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 3,537,179. 3,130,626. 32 32 6,044,740. 5,542,064. Total liabilities and net assets/fund balances Form 990 (2019)

Form	990 (2019) THE HOUSING PARTNERSHIP	02-	0427331	Pa	ge 12
Рa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	عنزعتبعدعي			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,01		
2	Total expenses (must equal Part IX, column (A), (ine 25)	2	1,19		
3	Revenue less expenses. Subtract line 2 from line 1	3	<187		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,53		
5	Net unrealized gains (losses) on investments	5	7	<u>6,9</u>	<u>17.</u>
6	Donated services and use of facilities	6			
7	investment expenses	7			
82	Prior period adjustments	8			
9	Other changes in net essets or fund balances (explain on Schedule O)	9	<295	<u>,60</u>	<u>5.≻</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B)) nt XIII Financial Statements and Reporting	10	3,13	0;6	<u> 26.</u>
Pa					<del></del> -
	Check if Schedule O contains a response or note to any fine in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cither		[ˈ ˈi		l i
	if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
20			<u>2e</u>	<u> </u>	X
	if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	l'		
	separate basis, consolidated basis, or both:		ļ		
	Separate basis Consolidated basis Both consolidated and separate basis				- I
þ	Were the organization's financial statements audited by an independent accountant?		25	X	<u> </u>
	if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	l l		١,
	consolidated basis, or both:				'
	Separate basis X Consolidated basis Both consolidated and separate basis		<b> </b>	~~.	ا - ا
C	If "Yes" to fine 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		1	₩.	
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3=	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?		3a	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi			1	1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	***********	<u>3b</u>	900	<u></u>
			Form	<b>DOO</b>	(2019)

## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treesury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 890-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

Open to Public Inspection

Employer identification number

_			HOUSING PAR					2-042/331
Pa	rt I	Reason for Public (	Charity Status (	VI organizations must co	mplete thi	s part ) Se	e instructions	
.ha	orgen	zation is not a private found	stion because it is: (i	or lines 1 through 12, cl	neck only	ne bex.)		, 1 ,
1	$\Box$	A church, convention of chi					MAMO.	KX
2	$\overline{\Box}$	A school described in secti						171
3	一	A hospital or a cooperative					n.	$O^{3}$
2	Ħ	A medical research organization	•				•	the hospital's name.
**	ш		audi operateu iii od	garrottor i with a 1905philli	000011000	00000	it it of ply iffy the process	, , , , , , , , , , , , , , , , , , ,
_	_	city, and state: An organization operated for	with a benefit of a sel	loop or ur brorelts assessed	ar apa-at-	ad byća na	voinmontal unit decerib	nd in
5				isfla of nuivaranth orango	or oberen	or oy a go	ARHITELIES OUR OCSOLES	DO HI
	_	section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local gov						
7	X	An organization that normal	-	itial part of its support fr	om a gove	mmental (	unit or from the general	public described by
		section 170(b)(1)(A)(vi). (C	• •					
8	Щ	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 I	name, city,	, and state of the college	or
		University:						
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its oup;	port from c	ontributio	no, memberahip fees, ar	nd gross receipts from
		activities rolated to its exer	npt functions - subjec	t to certain exceptions,	end (2) no	more then	33 1/3% of its support	from gross investment:
		income and constated busin	ness taxable income	(leas section 511 tax) fro	m busines	ses acqui	ed by the organization o	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.;					
11		An organization organized a	and operated exclusi	vely to test for public sal	fety. Sec (	section 50	) <del>3</del> (e)(4).	
12		An organization organized a	kulaxe betsrego bra	vely for the benefit of, to	perform t	ne function	is of, or to crity out the	purposes of one or
		more publicly supported or						
		unes 12% through 12d that	=		-			
		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving
		the supported organization						
		organization. You must o			• •			
ь		Type (f. A supporting org	•		don with it	stroparte	d organization(s), by hav	ving
		control or management o						
		organization(s). You mus			<b>p 2</b>			,
_		Type (ii functionally inte	-		in connect	ion with a	nd functionally integrate	ed with.
•	· '	its supported organization						,
	i. (-	Type ill non-functionally						zation(s)
•	· I	that is not functionally int						
		requirement (see instructi	-					VO.1000
_	_	Check this box if the orga	•	•				
-	<u> </u>						type it : the iit type iii	
	F-4-	functionally integrated, or		with disablessen ecohous	ng organiz	RUOTI		
r		er the number of supported a			•••• •••• •	• •• •••		<del></del>
9		due the following information	(ii) EIN	(th) !yeo of orgenization	AN IS CIE O'S	UPER CALSON	(v) Amount of municity support (see instructions)	(vi) Amount of other
	•	organization	1	(despribed on lines 1-10	Yes	No	rupport (see instructions)	support (see Instructions)
				atove (see instructions))				
		İ						
_					-			<del>                              </del>
		İ				'1		1
			<del></del>					<del> </del>
		i			į		1	}
			}				4	
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			į				ı	
			<del></del>	<del></del>				

Schedule A (Form 990 or 990-EZ) 2019 THE HOUSING PARTNERSHIP 02-0427

[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 falled to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	Include any "unusual grants")	465,436.	402,041.	332,638.	618,637.	466,946.	2285698.		
2	Tax revenues levied for the organ-								
-	ization's benefit and either paid to			i					
	or expended on its behalf			,					
3	The value of services or facilities								
•	furnished by a governmental unit to								
	the organization without charge								
4	Total, Add lines 1 through 3	465,436.	402,041.	332,638.	618,637.	466,946.	2285698.		
	The portion of total contributions								
-	by each person (other than a	'i		i i		,			
	governmental unit or publicly	,			'	1			
	supported organization) included	1							
	on line 1 that exceeds 2% of the	,		1					
	amount shown on line 11,			1	ľ	,			
	column (f)	1					98,392.		
_	** ************************************			1			2187306.		
	Public support. Subsect the 5 from the 4.		<del></del>	l <del>i</del>	<u> </u>	<u></u>	21073000		
		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	. (f) Total		
	ndar year (or fiscal year beginning in)	465,436.	402,041.	332,638.	618,637.	466,946.	2285698.		
	Amounts from line 4	±03,430.	#02/04x	332,030.	010,0570	100/3200	20030301		
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	62,113.	58,005.	45,858.	13,863.	47 575	227,414.		
4	and income from similar sources	02,113.	30,003.	43,030.	13,003.	47,373.	221,414.		
· 9,	Net income from unrelated business								
	ectivities, whather or not the								
	business is regularly carried on			<del></del>					
10	Other income. Do not include gain								
	or loss from the sale of capital	20 002	2,496.	2,852.	3,042.	30,076.	67,269.		
	assets (Explain in Part VI.)	28,803.	2,490.	2,852.	3,042.	30,070	2580381.		
	Total support. Add lines 7 through 10	<u></u>		<u> </u>	1	101	\$300301.		
	Gross receipts from related activities,	•				12			
13	First five years. If the Form 990 is for	_	inet, second, thin	s, tourth, or fifth te	x year as a section	(c)(a)	<b>~</b> —		
60.	organization, check this box and stor tion C. Computation of Publi	c Support Per	centaria	<del> </del>		***************************************	·····		
				-tu (A)		44	84.77 %		
	Public support percentage for 2019 (		-			15			
	Public support percentage from 2018								
160	33 1/3% support test - 2019. If the c	-		_	-				
	stop here. The organization qualifies	as a publicly supp	orted organization						
b	33 1/3% support test - 2018. If the (								
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the "fac						. —		
	meets the "facts-and-circumstances"	_							
b	10% -fects-and-circumstances test								
	more, and if the organization meets the						, ,—		
	organization meets the "facts-and-circ								
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b					
					Sche	chile A (Earm DO)	AF 000_E71 2010		

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Schedule A (Form 990 or 990-EZ) 2019

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

Sec	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)  tion A. All Supporting Organizations			
000	don A. An Oupporting Organizations		Yes	No
•	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	1		ł
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1_1_		
2	Did the organization have any supported organization that does not have an IRS determination of status	<b>1</b>		
	under section 509(a)(1) or (2)? if "Yes," explain in Part VI how the organization determined that the supported	1		
	organization was described in section 509(a)(1) or (2).	2		
38	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	J		
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		]	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the		ł	ł
	organization made the determination.	<u>3b</u>		
Ć	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	1.	Į į	ł
	purposes? If "Yes," explein in Part VI what controls the organization put in place to ensure such use.	3c		
48	Was any supported organization not organized in the United States ("foreign supported organization")? If	1 .		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	40		<del></del>
þ	Did the organization have ultimate control and discretion in deciding whether to make grants to the toreign	1		i
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	4b		1
_	despite being controlled or supervised by or in connection with its supported organizations.  Did the organization support any foreign supported organization that does not have an IRS determination	} <del>-7"</del> -		
C	under sections 501(c)(3) and 503(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	ł		i
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	ł		1
		4c		
Sà	purposes.  Did the organization add, substitute, or remove any supported organizations during the tex year? // "Yes,"			
Ų	enswer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	i	[	Ì
	numbers of the supported organizations acided, substituted, or removed; (ii) the reasons for each such action;	İ	[	ł
	(iii) the authority under the organization's organizing occurrent authorizing such action; and (iv) how the action	I		1
	was accomplished (such as by amendment to the organizing document).	50	<u> </u>	
ь	Type I or Type I! only. Was any added or substituted supported organization part of a class already	- I		1
	designated in the organization's organizing document?	50		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	_5c	<u> </u>	-
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	1		l
	anyone other than (i) its supported organizations, (ii) Individuals that are part of the charitable class	1		Į.
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	- 1	ļ	1
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		i i	l
	Part VI.	6		├
7	Did the organization provide a grant, toan, compensation, or other similar payment to a substantial contributor	1	•	1
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	,		1
	regard to a substantial contributor? If "Yes," complete Pert I of Schedule L (Form 990 or 990-EZ).  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	<u> </u>	-	
8	If "Yes," complete Part I of Schedule L (Form 990 or 990-FZ)	8		l
0-	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	1	1	i
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	92		L
ь	Did one or more disqualified persons (as defined in time 9a) hold a controlling interest in any entity in which			
_	the supporting organization had an interest? if "Yes," provide detail in Part VI.	_9b		
c	Did a disqualified person (as defined 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.	9c		L
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	1		l
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	1		{
	supporting organizations)? If "Yes," answer 10b below.	102		
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		•	ł
	determine whether the organization had excess business holdings.)	10b	Li	<u> </u>

determine whether the organization had excess business holdings.)

Part IV   Supporting Organizations (continued)		dule A (Form 990 or 990-EZ) 2019 THE HOUSING PARTNERSHIP	02-042/33	1 b	age 5
11 has the organization ecopyled a gift or combibution from any of the following pareipar?  a A person who directly or individuoty controls, either size one or together with persons described in (b) and (c) below, the governing topdy or a supported origanization?  below, the governing topdy or a supported origanization?  11b   2 A SSK controlled entity of a support of eigenization of the controlled or a supported origanization or a supported origanization or a supported origanization or a supported origanization or a supported origanization or a supported origanization or a supported origanization or such call local at majority of the organization or declore or trustees at all times during the tax year? If YNQ, or describe in Part VI frow the supported organization have the power to regulatly appoint or elect at least a majority of the organization or electrical local are interested organization and organization and organization and organization and organization and organization and organization and organization and organization and organization and organization and organization organization and organization and organization and organization organization and what conditions or restrictions, if eight, speplied to such powers during the tax year.  2 bid the organization operate for the breniff carried out the purposes of the susported organization of the tax year.  2 bid the organization operate for the breniff carried out the purposes of the susported organization of the tax year.  Bett of controlled for supporting organizations.  1 Wess a majority of the organization of all purposes of the susported organization of the tax year.  1 by a controlled or controlled for susported organization of the tax year also a majority of the discotors or brushes of each of the organization organization organization organization organization or the province organization or the province organization organization organization organization organization organization organization organization organization organization organization o	Pa	rt IV   Supporting Organizations (continued)	<del></del>	V	N/2
e A pascon who directly or indirectly controls, either above or logisther with personal described in (b) and (c) below, the governing body of a supported organization?  A ASS controls within of a person described in (b) above?  A SSS controls within of a person described in (b) above?  A SSS controls within of a person described in (b) a for (b) above? If "Yes" to p. b. or p. consider detail in Part VI.  11b.  Section B. Type I Supporting Organizations  3. Did the directors, insistess, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of directions or fusioned a supported organization and such conditions are statistically and the organization directions or directly supported, or controlled the organization's activities. If the organization directions of the property of a power directly and proteins are war altiquate demands, supported organization organization proteins for the bornel for any supported organization orbit than the supported organization or t	14	Has the omanization accepted a nift or contribution from any of the following parenne?	<u> </u>	165	<u>~°</u>
below, the governing body of a supported origanization?  A Amily member of a person described in (a) abov?  A SSK controlled entity of a person described in (a) or (b) above? If "yes" to a. b. or.e. provide detail in Pert VI.  Section B. Type II Supporting Organizations  I Did the directors, nustees, or membership of one or more supported organizations have the power to regularly appoint or elect at itseat a majority of the organizations directors or trustees at all times during the tax year? If "No," describe in Pert VI have the supported organizations or directors or trustees at all times during the tax year? If "No," describe in Pert VI have the supported organizations are whether powers to appoint any supported organizations are whether than the supported organizations are whether than the supported organization and powers during the tax year.  2 Did the organization operate for the benefit of any supported organization of the text year.  2 Did the organization operate for the benefit of any supported organization of the text year.  2 Did the organization operate for the benefit of any supported organization of the text year.  3 Did the organization operate for the benefit of any supported organization of the than the supported organization of the text year.  4 Did the organization operate for the benefit of any supported organization of the than the supported organization of the text year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of each of the supported organization and to an advantage of the			ľ		ł
b A family member of a person described in (a) showe?  A 35% controlled entity of a person described in (a) or to) above? # "Yes" to #. h. o.c. provide detail in Pert VI.  11c  Section B. Type I Supporting Organizations  1 Did the directors, insistess, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of decident or business et all times during the tax year? If "No," describe in Pert VI frow the supported organization of processor in business at all times during the tax year? If "No," describe in Pert VI frow the supported organization of processor in business and what conditions or restrictions, if env, applied to such powers during the tax year." If "No," describe in for the burnels of supported directorization of the supported organizations and what conditions or restrictions, if env, applied to such powers during the tax year.  1 Did the enginetiation operated for the burnell of tax purported organization other term the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the organization of the supported organization of the supported organization of the supported organization of the supported organization or sustains of each of the organization or sustains of each of the organization or sustains of the supported organization or sustains of the supported organization or the supported organization or the supported organization or the supported organization or the supported organization or the supported organization or the supported organization or sustains of the supported organization or sustains of the supported organization or sustains or sustains or sustains or sustains or sustains or sustai	•		11a	i	
c. A 15% controlled entitly of a parison described in (a) or (b) above? // Yes* to p. b. or c. provide detail in Pert VI.  Section B. Type I Supporting Organizations  1. Did the directors, trustees, or membership of one or more supported organizations haive the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? // ''No.' describe in Part VI frow the supported organization() effectively operated, or controlled or despirations excelled so. If the organization controlled the supported organization during the flat year.  2. Did the organization operate for the benefit of any supported organization flat the tax year.  2. Did the organization operate for the benefit of any supported organization flat the supported organization operated (i) that operated, organization operated out this buye provided organization of the trustees are allocated erroring the supported organization operated out this purposes of the supported organization (ii) ''I'vig.' *equilip In Pert VI icony providing such benefit certical out this buye provided organization organization organizations (ii) 'I'vig.' *equilip In Pert VI icony providing such benefit certical out this buye provided organization organizations or supported organizations organizations or supported organizations or supported organizations or supported organizations or supported organizations or supported organizations or supported organizations in Pert VI how control or management of the supported organizations in the same persons that controlled or managed in supported organizations or supported organizations in the supported organizations or supported organizations or supported organizations or supported organizations or supported organizations or supported organizations or supported organizations or supported organizations or supported organizations or supported organizations or supported organizations or supported organizations or other supported organizations or supported organizations or ot	ь				
Section B. Type I Supporting Organizations   Yes. No.	•				
Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "Ne," describe in Part VI row the supported organization greated degranization or controlled the organization as exciting the controlled organization or productions are stretched. If the organization are described organization or production are stretched in give, applied to outsh power so during the tax year.  2 Did the organization operate for the benefit of any supported organization that the supported organization of yet the part of organization or part of the production or exercitions. If any supplied to supported organization (set or the production or exercitions, it give, applied to supported organization (set organization set organization) and the supported organization of "Yes," expain in Pert VI frow prol/fisting such benefit carried out this outported organization of production or controlled the supporting organization are controlled the supporting organization are controlled the supporting organization are supported organization(s)? If "No," describe in Pert VI frow control or menaginary of the organization is directors or visusees of each of the organization is supported organization by the face of each of the organization are supported organization in the same persons that controlled or managed?  1 Were a majority of the organization is supported organizations. by the late of the organization or tax year, the organization provide to each of its supported organizations by the late of an administration of the organization provide to each of its supported organization in the same persons that control organization and (is opposed the organization) or its organization in a control organization in the same organization in the same organization in the supported organization in the supported organization in the supported organization in the supported organization in the organizati					
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tax year? If "No," describe in Part VI how the supported organization(s) effectively oberitod, supervised, or confoliated the origination is exhibited. If the origination has exhibited in the origination of exhibited the origination of the confoliation of exhibited the origination of the confoliation or extinctions, if any, applied to such proves during the tax year.  1 Old the expenization operate for the benefit of any supported organization or that the supported organization of the providing such the benefit certified or lay supported organization? If "Yes," explain in Part VI is one providing such benefit certified or lift purposes of the supported organization(s) that operated, supervised, or controlled the supported organization or the supported organization or the supported organization or the supported organizations.  Section C. Type II Supporting Organizations  1 Were a majority of the organization's supported organization was vasied in the same persons that controlled or managed the supported organization was vasied in the same persons that controlled or managed the supported organization was vasied in the same persons that controlled or managed the supported organization's use year, (i) a copy of the Form 990 that was most recently field as of the date of notification, and (ii) copies of the organization's tax year, (ii) a copy of the Form 990 that was most recently field as of the date of notification, and (iii) copies of the organization(s) or (ii) excitor on the organization's provided organization's provided organization in animated or december of the organization of the ordanization on the case of controlled organization or the organization of the ordanization is the supported organization or the organization of the organization or the organization or the organization or the organization is supported organization in the organization is supported organization in the organization is subject to the organization is subject to the organization is supported organization is activities of the organizati	.4	Did the directors, trustees, or membership of one or more supported organizations have the power to		1	۸.
controlled the organization's activities. If the ingeneration had more than one supported organization, describe florir the powers to appoint anytor interpret effectors or insulses were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization operate for the benefit of any supported organization other than the supported organization operate for the benefit of any supported organization other than the supported organization operated, supported, or controlled the supported organization of the than the supported organization of the than the supported organization of the than the supported organization of the than the supported organization of the than the supported organization of the than the supported organization of the than the supported organization of the than the supported organization of the supporting organizations.  1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's during the supported organization organization or managinement of the supporting organization was vested in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization or the supported organization was vested in the same persons that controlled or managed the supported organization or the controlled or managed the supported organization or the controlled or managed the supported organization or the controlled or managed the supported organization and the persons that controlled or managed the supported organization and the persons that controlled or managed the supported organization and the persons that controlled or managed the supported organization and the persons organization and the persons organization and the supported organization and the supported organization and the supported organization and the supported organization and explain the supported organizatio			j	<b>f</b>	ľ
sescible floor this proves to appoint another immore directors or bustess were elipicated emorphisms provided organization operate for the benefit of any supported organization other than the supported organization operate for the benefit of any supported organization other than the supported organization operate for the benefit of any supported organization other than the supported organization operated organizations of the supported organizations of the supported organizations operated organizations operated organizations operated organizations operated organizations operated organizations operated organizations of the supporting organization was vasted in the same persons that controlled or managed the supported organizations was vasted in the same persons that controlled or managed the supported organizations was vasted in the same persons that controlled or managed the supported organizations was vasted in the same persons that controlled or managed the supported organization was vasted in the same persons that controlled or managed the supported organizations of the organization provide to each of the supporting Organizations.  1 Did the organization provide to each of its supported organizations, by the last day of the little month of the organization text year, (i) a territian notice describing the type and amotive organization of the organization text year, (i) a territian notice describing the provided organization of the organization of the organization of the organization of other organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the supported organization of the supported organization of the supported organization of the or		tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	}		l
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the supported organizations of 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 by Did the activities described in (a) 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.  Parent of Supported Organizations. Answer (a) and (b) below.  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? Provide details in Part VI.  By Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				1 100	100
those supported organizations and explain how these activities directly furthered their exempt purposes, Inow 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 (a) 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.  Parent of Supported Organizations. Answer (a) and (b) below.  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? Provide details in Part VI.  B) Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	:₽		İ	1	1
Inow 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 (a) 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.  Parent of Supported Organizations. Answer (a) and (b) below.  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? Provide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		· ·	<u> </u>	ł	ļ
that these activities constituted substantially all of its activities  by Did the activities described in (a) 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 (a) and (b) 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? Provide details in Part VI.  5 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				l	ı
b Did the activities described in (a) 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 (a) and (b) 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? Provide details in Part VI.  3 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			2a	1	l
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.  Parent of Supported Organizations. Answer (a) and (b) below.  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? Provide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	ь				
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3 Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  .			2b	<u>L_</u>	L
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? Provide details in Part VI.  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  .	3				
trustees of each of the supported organizations? Provide details in Part VI.  b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  .	_		[		l
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_		3à		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	ь	•••			l -
		of its supported organizations? If "Yes." describe in Part.VI the role played by the organization in this regard.	36	L	L

Sche	coule A (Form 920 or 890-EZ) 2019 THE HOUSING PARTNERSHIP			02-0427331 Page 6
Рa	rt.V. Type III Non-Functionally Integrated 509(a)(3) Supportin			<del></del>
1	Chack here if the organization satisfied the integral Part Test as a qualifying			in Fart VI). Soe instructions, Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term: capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see Instructions)	3		
4	Add thes 1 through 3.	4		
5		5		
9	Portion of operating expenses poid or incurred for production or	İ		
	collection of gross income or for management, conservation, or	į		İ
	mightenance of property held for production of income (see Instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Augregate fair market value of all non-exempt-use assets (see			-,
	Instructions for short tax year or essets held for part of year):		···	<u> </u>
	Average monthly value of securities	18	 	
b	Average monthly cash belances	16		
c	Fair market value of other non-exemint use assets	16		
d	Total (add lines 1e, 1b, and 1c)	10		
8	Discount disimed for blockage or other	i.	<b>-</b>	- 1
	factors (sxplain in detail in Part M):	-11	<del></del>	المستحت والمستحد
3	Acquisition indebtedness explicable to non-exempt-use assets	3		
_3	Subtract line 2 from line 1d.	3		
4	Orish deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1		<b>£</b>
	see instructions).	4		
_5_	Net value of non-exempt use assets (cultifact line 4 from line 3).	5		
. 6	Multiply line 5 Liv .085.	_ 1 3	,	
_7_	Recoveriou of palor-year distributions	17		
_8_	Minimum Asset Amount (add line 7 to line 5)	8		
Sect	tion C - Distributeble Amount			Current Year
1	Adjusted not income for prior year (from Section /4, line 3, Column A)	1	( ,	1
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section 5, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4	1	
ą		5		
6	Distributable Amount: Subtract line 5 from line 4, unless subject to		,	3
	emorgency temporary reduction (see instructions).	В	L	
7	Check here if the current year is the organization's first as a non-functional	ly Integra	ited Type III supporting o	rganization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Sche	dula A (Form 990 or S90-EZ) 2019 THE HOUSING PA	ARTNERSHIP		2-0427331	Page 7
Par		a)(3) Supporting Orga	nizations (continued)	<del>,</del>	
Secti	on D - Distributions			Current Yea	7
	Amounts paid to supported organizations to accomplish exer				
2	Amounts paid to perform activity that directly furthers exemp		ļ		
	organizations, in excess of income from activity		<del> </del>	<del></del>	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	·		
4_	Amounts paid to acquire exempt-use assets	<del></del>	<del></del>	<del> </del>	<del></del>
- 6	Qualified set-aside amounts (prior IRS approval required)			<del> </del>	<del></del>
_6_	Other distributions (describe in Part VI). See instructions.	<del></del>		<del></del>	
<del></del>	Total annual distributions. Add lines 1 through 6.			<del></del>	
8	Dictributions to attentive supported organizations to which the	ie organization iš responšive		1	
	(provide details in Part VI). See instructions.		<del></del>	<del></del>	
9	Distributable amount for 2019 from Section C. line 6	<del></del>			
10	Line 8 amount divided by line 9 amount	(6)	(H)	(ii))	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 20	-
1	Distributable amount for 2019 from Section C. line 6	44			
2	Underdistributions, if any, for years prior to 2018 (reason-	'			1
	able cause required explain in Part VI). See instructions.			1	)
3	Excess distributions carryover, if any, to 2019				<u>. i</u>
<b>18</b> 1	From 2014		·		
b	From 2015				1
c	From 2016	<u> </u>		}	
ď	From 2017			!	<u>`</u>
6	From 2018			1	
	Total of lines 3a through e				
<u> </u>	Applied to underdistributions of prior years			·	
<u>.lı</u>	Applied to 2019 distributable anicunt	<u>"                                    </u>		<u> </u>	
	Carryover from 2014 not applied (see instructions)				<del></del>
i_	Fiemalnder, Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from Section D,		i ·	t .	1
	line 7: \$	<u></u>			
_	Applied to underdistributions of prior years			<u>'</u>	
	Applied to 2019 distributable amount				
	Remainder, Subtract lines 4s and 45 from 4	<del> </del>	<del></del>	<del></del>	<del></del> ;
'5	Remaining underdistributions for years prior to 2019, if	!		<u>l</u> '	į
	any. Subtract lines 3g and 4a from line 2. For result greater				1
	than zero, explain in Part VI. See instructions.	<del> </del>	:		<del></del>
6	Remaining underdistricutions for 2019. Subtract lines Sh	l,	ı	\$	
	and 4b from line 1. For result greater than zero, expisin in		Ì	1	
	Port VI. See Instructions.	<del> </del>	<del>,</del>		3
7	Excess distributions carryover to 2020. Add lines 3j		,	İ	•
-8	and 4c, Breakdown of line 7:	<del> </del>	ı	<del>                                     </del>	<del></del>
	Excess from 2015	<del></del>	*	<del>                                     </del>	
	Excess from 2016			<del> </del>	
	Excess from 2017			<del>                                     </del>	7,
	Excess from 2018	į.	7		
	Excess from 2019	1	,	, ,	

Schedule A (Form 990 or 990-EZ) 2019 THE HOUSING PARTNERSHIP	02-0427331 Page 8								
Part VI Supplemental Information. Provide the explanations required by Part II, fine 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)									
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	•								
MISC INCOME	<del></del>								
2015 AMOUNT: \$ 28,803.	<del></del>								
2016 AMOUNT: \$ 2,496.									
2017 AMOUNT: \$ 2,852.									
2018 AMOUNT: \$ 3,042.									
2019 AMOUNT: \$ 30,076.									
	<del>~-~-</del>								
	<del> </del>								

932028 09-26-19

02-0427331 Page 8

Schedule A (Form 990 or 990-EZ) 2019

# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12e, or 12b.

Attach to Form 990.

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

Inspection

Employer Identification number Name of the organization THE HOUSING PARTNERSHIP 02-0427331 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization enswered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... Aggregate value of contributions to (during year) ....... Aggregate value of grants from (during year) .... Aggregate value at end of year ..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation exerments held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certifled historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Hald at the End of the Tax Year day of the tax year. e Total number of conservation easements b Total acreage restricted by conservation easements .... **2**b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation essements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7. Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ No and section 170(h)(4)(F)(ii)? .... وع متوانية أنتج بدونية والمستقلين والمستقلين والمراجع والمراجع المراجع والمراجع والمراجع والمراجع والمراجع In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 930 Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of ext. historical tressures, or other similar casets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the forthese to its financial statements that describes these literatures. h If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

the following amounts required to be reported under FASB ASC 958 relating to these items.

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

b Assets included in Form 990, Part X

		SING PARTNI					0427331	Page 2
Par	t III Organizations Maintaining Co	ollections of Art	t, Historical	Treasures, o	r Other	r Similar Ass	ets (continue	:d)
3	Using the organization's acquisition, accesslo	n, and other record	s, check any of	the following that	t make s	ignificant use of	its	
-	collection items (check all that apply):							
•	Public exhibition d Loan or exchange program							
b	Scholarly research	•	,					
_	Preservation for future generations	•	_ (۱۹٫۵۰	<u></u>				
c	Provide a description of the organization's col	llastiana and avalais	hau thau tieth	or the emericati	an'e aver	ant number in E	Dort Yili	
4	•						wit /wit.	
8	During the year, did the organization solicit or						Yes	☐ No
6-	to be sold to raise funds rather than to be ma							NO
Par	tilVi Escrow and Custodial Arrang	•	ete if the organi	zation answered	-Yes" On	rom 990, Pan	iv, line 9, or	
	reported an amount on Form 990, Part				-		<del></del>	بمست
18	le the organization en agent, trustee, custodie		•				<u> </u>	<u> </u>
	on Form 990, Part X?						L_ Yes ∣	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:					
							Amount	
¢	Beginning balance					1c		
d	Additions during the year			/***		1d		-
8	Distributions during the year					4 1		
ą	Ending balance							
	Did the organization include an amount on Fo	rm 980. Part X. šne	21. for escrow	or sustadial acco	unt liebii	ity?	Yes	No
-	if "Yes," explain the arrangement in Part XIII.		•					T T
Pai						10		
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(a) Current year				(d) Three years b	eck (a) Four ve	are hark
4.5	Besieving of the balance	In Carient /car	12711401 300	1071.18	OU CANA	1427 11111119 1045 0	1071 201 19	<u></u>
16	Beginning of year balance							·········
5	Contributions							<del></del>
C	Net investment earnings, gains, and losses			<del></del>			<del></del>	
ď	Grants or scholarships							<del></del>
e	Other expenditures for facilities			1	į		ł	
	and programs							
ť	Administrative expenses							
8	End of year balance							
2	Provide the estimated percentage of the curre	ent year end bakked	o (line 1g, colun	nn (a)) held as.				
8	Board designated or quasi-endowment		_%					
á	Permanent endowment	<u>~</u> %						
c	Term endowment	<del></del>						
	The percentages on lines 2a, 2b, and 2c shou	ild equal 100%.						
3.0	Are there endowment funds not in the posses		ition that are he	old and administe	ed for th	e organization		
	by:					•	Y:	ak No
	(i) Unrelated organizations							I
	(ii) Related organizations						3e(9)	T
<b>.</b>	if "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on Schedule	R?				
	Describe in Part XIII the Intended uses of the				····· ··· .			
<del>4</del>	t VI Land, Buildings, and Equipme		William Liulius					
- 4	Complete if the organization answered		Dort IV Ima 1	1a San Form 99	Dort Y	line 10		
				Cost or other		ccumulated	(d) Book v	alua.
	Description of property	(a) Cost or o					(a) BOOK V	aine
		basis (investr		asis (other)	1	preciation	201	ECA
	Land			<del></del>	<del> </del>	064 065		564.
þ	Buildings	2,546,	462.]		1 1/	064,065.	1,482,	397.
C	Leasehold improvements	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	5,919.	<b> </b>	5,919.	<del></del>	0.
d	Equipment	40,	318.	21,451.	<u> </u>	58,171.	3	598.
	Other				L			
	. Add lines 1a through 1e. (Column (d) must ed	rual Form 990. Part	X. column (B). I	ine 10c.)			1,687,	559.

93,064.

	PARTNERSHIP	02-0	)427331 <sub>Ра</sub>	ige
Part VIII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(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		<del></del>	···	
(2) Closely held equity interests		<del></del>		
(3) Other			<del></del>	
(A)		<del></del>	<del></del>	
(B)		<del></del>	<del></del>	
(0)		<del></del>	<del></del>	
<u>(D)</u>		<del></del>	<del></del>	
<u> </u>	**************************************	<u> </u>		
(F)		<del></del>	<del></del>	
,(G)		<del></del>	<del> </del>	
(H)			<del></del>	
Tebal. (Col. (b) must soughform 990, Part X, col. (B) line 12.)			<del></del>	
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of	year market value	
(1)		<del></del>	<del>`</del>	
			<del></del>	
		<del></del>	<del></del>	
(5)		<del></del>		
(6)		<del></del>	<del></del>	
_(S)		<del></del>		
(8)			<del></del>	
Total. (Col. (5) most dougl Form 999, Part X, col. (B) line 13.)		·	<del></del>	
the state of the s		44 0 · # · · 000 B · · V II · 45		
Complete if the organization enswered "Yes"		10. See Form 990, Part X, line 15.	(b) Book value	
the same of the sa	Description	mreng		·-
11) PENEFICIAL INTEREST IN ASS	SETS RELU BY U	THERS	31,42	
(2) DEPOSIT ON OFFICE LEASE	<u>,</u>	<del></del>	2,00	
(3) PROJECTS UNDER DEVELOPMENT	· · · · · · · · · · · · · · · · · · ·		365,41	
(4) TENANT SECURITY DEPOSITS	. <del></del>		51,96	
(5) DEVELOPER FEE RECEIVABLE	<del></del>	<del></del>	210,76 38,51	
(6) RIGHT-OF-USE ASSET		<del></del>	30,31	.4.
(8).				
			700 09	2
Total (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15,)	<u> </u>	700,08	4.
<del></del>	. E 000 D 11 F 1	14 445/0 Favo 000 Day V Ray 00		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	16 or 111 'See Form 990, Part X, line 25.	(h) Doole voles	
1. (a) Description of liability			(b) Book value	
(1) Federal income taxes			F3 F5	
2) TENANT SECURITY DEPOSITS	<del></del>		53,55	
(3) LEASE LIABILITY		<del></del>	39,51	. *± -
			<del></del>	
(5)		<del></del>	<del></del>	
(6)				

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .... X Schedule D (Form 990) 2019

(8) (9)

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

Schedule D (Form 990) 2019

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932054 10-02-19

## SCHEDULE G

## Supplemental Information Regarding Fundraising or Gaming Activities

(Form 680 or 990-EZ)

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

ÓMB No. 1645-0047

Department of the Treasury  Department of the Treasury  Internal Revenue Service  Open to  Internal Revenue Service  Open to  Internal Revenue Service  Open to  Inspect							Open to Public Inspection	
Name of the organization Employer Identification								
		SING PARTNERSHIP					-042	
	ing Activities.	Complete if the organization ensive	red "Y	'83" O.	n Form 990, Part IV, I	ine 17. For	m 990-E	Z filers are not
1 Indicate whether th	e organization rais	ed funds through any of the followin	_					
a Mail solicitat					overnment grants			
	email solicitations				nment grents			
c Phone solici		g 🔼 Special	fundr	alsing (	etneve			
		or orell agreement with any individual	(includ	ting of	ficers, directors, trus	teeŝ, or		
key employees list	ed in Form 990, P	art VII) or entity in connection with providuals or entities (fundraisers) pursua	ofessi	onal fi	undraising services?		Ye Est to b	. — .
compensated at le				<b></b>	TOTAL STAGE VILLETT		<u>-</u>	~. 
(i) Name and addres	c of individual		(un)	Did netner	(lv) Gross receipts	(v) Amou	uint paid	(vi) Amount paid
or antity (fund		(il) Activity	have o	uetody roci of utlane?	from activity	fund:	1986	to (or retained by)
			Yes			listed in	COI. (I)	
	. !							
	<del></del>		,	-				
	~ <del>~~~</del>		-	,		<u>'</u>		
								<u> </u>
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		-		7			<del></del>	
·····			-	,				
			<b> </b>	<u> </u>				
								: 5
Total								
	ch បាច organizatio	n is registered or licensed to aclicit o	ontrib	utions	o: has been notified	it is exem	pt from P	sgistration
or assing.								
								•

Schedule G (Form 990 or 990-EZ) 2019 THE HOUSING PARTNERSHIP 02-0427331 Page 2 Fundralsing Events. Complete if the organization answered "Yes," on Form 820, Part IV, line 18, or reported more than \$16,000 of fundralsing event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (e) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through CAPITOL STEP col. (c)) (event type) (total number) (event type) 80,880. 80,880. 1 Gross receipts ..... 80,880. 80,880. 2 Less Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 12,899. 6 Rent/facility costs 12,899. 7,083. 7 Food and beverages ... ... .... 7,083. 17.,337. 17,337. 8 Enfertainment 703. 703. 9 Other direct expenses ...... 38,022. 10 Direct expense summery. And lines 4 through 9 in column (d) <38,022.> 11 Not income summary Subtract line 10 from the 3, column (d) Part III Garning. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported many than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Puil tabs/Instant (c) Other gaming (a) Bingo col. (a) through coi. (c)) blaco/progressive blaco Gross revenue 2 Cash prizes 3 Noncasin prizes 4 Rent/facility costs ...... 5 Other direct expenses Yes Yes 3 Valuntser icbor ..... No 7 Direct expanse summary Add lines 2 through 5 in column (d) 3 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: \_\_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b if "Yes," explain:

Sct	nedule G (Form 950 or 990-EZ) 2019 THE HOUSING PARTNERSHIP	020	427331	Page 3
	Does the organization conduct garring activities with normembers?		Yes	☐ No
	is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility		13a	%
	b An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record			
	Name >			
	Name >			
	Address •		•	
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	· · · · · · · · · · · · · · · · · · ·	Yes	☐ No
	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt		
•	of gaming revenue retained by the third party >\$			
	t "Yes," enter name and address of the third party:			
	· · · · · · · · · · · · · · · · · · ·			
	Name >			
	Address >			
16	Gaming manager information:			
	Name >			
	Gaming manager compensation ⋅ ► \$			
	Description of sérvices provided			
	Description of services provided			
				- 10 Marie - 1010
	Director/officer Employee Independent contractor			
	<del></del>			
	Mandatory distributions:			
	n, is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes Yes	No
1	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	n the		
_	organization's own exempt activities during the tax year > \$			
P	art IV. Supplemental Information. Provide the explanations required by Part !, line 2b, columns [1]) and (\frac{1}{2})	and Par	ill, lines 9,	9b,′10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.			
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Schedule G (Form 990 or 990-EZ) THE HOUSING PARTNERSHIP	02-0427331 Page 4
Schedule G (Form 990 or 990-EZ) THE HOUSING PARTNERSHIP  Part IV Supplemental Information (continued)	
<del></del>	
	N

## **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization enswered "Yos" on Form 890, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

THE HOUSING PARTNERSHIP

Employer identification number 02-0427331

P	rt I   Questions Regarding Compensation			
			Yes	No
ta	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	1	1	•
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	į		j
	First-class or charter travel Housing allowance or residence for personal use	1	<b>]</b>	1
	Travel for companions Payments for business use of personal residence			ł
	Tax Indemnification and gross-up payments Health or social club dues or initiation fees	ļ	ľ	ł
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			1
	Many of the house on the deep sheetend did the assemblation follows a sudther nation reporting transport or	]	}	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	16		Į.
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	- <del>'''</del> -	-	<del> </del>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	١.,	,	-
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	<del> </del>	╀┈╾
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	ļ	•	ŧ
ŭ	CEO/Executive Director. Check all that apply, Do not check any boxes for methods used by a related organization to	Ì		l
	establish compensation of the CEO/Executive Director, but explain in Part III.	]		[
	Compensation committee	1	•	l
	independent compensation consultant — Compensation survey or study	ł	i	į .
	17347	1	1	1
	Form 990 of other organizations  LX Approval by the board or compensation committee	ľ	ļ	ì
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	į	ł	}
•	organization or a related organization:	Ī	i	1
â	Receive a severance payment or change-of-control paymont?	4.	•	X
Þ	Participate In, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
_	Participate in, or receive payment from, an equity-based compensation airangement?	4c		X
•	If "Yes" to any of lines 4a-c. list the persons and provide the applicable amounts for each item in Part III.			
	The food to daily or takes the personnel and provide the provide the provide the provide the personnel and personn	ì	i	1
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	ŀ	]	Ī
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1	ł	1
	contingent on the revenues of:		i	l
ź	The organization?	5a		X
	Any related organization?	50	<u> </u>	X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ŀ	Ī	•
•	contingent on the net earnings of:	<b>l</b>	i .	١.
	The organization?	6a	<u> </u>	X
h	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			Γ
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		]	ł
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
۵	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
s	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

Schedule J (Form 990) 2019

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 or row (i) and from related organizations, described in the instructions, on row (ii). Do not list any inclividuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(P/G)) for each listed individual must equal the total amount of Form 480, Part VII, Section A, line 14, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	(B) Breakdown of W2 and/or 1099-MISC compensation	C compensation	(C) Retrement and	l <sub>g</sub>	(E) Total of columns	(F) Compensation
					other deferred		(B)(J-(C)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	compensation			윤 8
			compensation	compensation				
	Ξ	100,480.	40,000.	11,238.	0.	0.	151,718.	0
EXECUTIVE DIRECTOR	<u> </u>		0.	0.	0.	0.	.0	
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Schedule J (Form 990) 2019

### **SCHEDULE O**

932211 03-45-19

(Form 990 or 990-EZ)

Department of the Tressury Internal Rovenue Service

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to vnyw.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE HOUSING PARTNERSHIP

Employer identification number 02-0427331

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
REGION OF NEW HAMPSHIRE AND SOUTHERN MAINE BY CREATING DIVERSE HOUSING
OPPORTUNITIES, UTILIZING INNOVATIVE APPROACHES TO DEVELOPMENT, AND
PRACTICING STRONG STEWARDSHIP OF OUR HOUSING. WE VALUE ECONOMIC
SUSTAINABILITY, ECONOMIC AND SOCIAL DIVERSITY AND SMART GROWTH. BY
HONORING THESE VALUES, WE CREATE HOUSING THAT STRENGTHENS THE FABRIC OF
COMMUNITIES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STEWARDSHIP OF OUR HOUSING. WE VALUE ECONOMIC SUSTAINABILITY, ECONOMIC
AND SOCIAL DIVERSITY AND SMART GROWTH. BY HONORING THESE VALUES, WE
CREATE HOUSING THAT STRENGTHENS THE FABRIC OF COMMUNITIES.
FORM 990, PART VI, SECTION A, LINE 3:
PROPERTY MANAGEMENT DELEGATED TO A MANAGEMENT COMPANY.
FORM 990, PART VI, SECTION A, LINE 8B:
THE FINANCE COMMITTEE MEETINGS ARE NOT RECORDED.
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED BY TREASURER WHO PRESENTS TO THE BOD.
FORM 990, PART VI, SECTION B, LINE 12C:
EVERY BOARD OF DIRECTOR MEMBER NEEDS TO REVIEW AND SIGN THE WRITTEN
CONFLICT OF INTEREST POLICY ANNUALLY. THE NATURE OF RELATED PARTY
TRANSACTIONS AND AMOUNTS, IF ANY, WILL BE DISCLOSED AT THE BOARD MEETING  LHA For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ. Schedulo O (Form 990 or 990-EZ) (2019)

Name of the organization  THE HOUSING PARTNERSHIP	Employer Identification number 02-0427331
FOR DISCUSSIONS. BOARD/COMMITTEE MEMBERS AND THEIR FAMILY	<del></del>
GET APPROVAL FROM THE BOD BEFORE THEY DO ANY BUSINESS TRAN	
THP/THP'S PROPERTIES.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE DIRECTOR WAGE IS REVIEWED BY THE BOD ANNUALI	Y. ALL STAFF
RAISES ARE REVIEWED/APPROVED BY THE BOD.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FIXED ASSET IMPAIRMENT	-134,010.
DISCOUNT ON LOANS RECEIVABLE	-161,595.
TOTAL TO FORM 990, PART XI, LINE 9	-295,605.
FORM 990, PART' XII, LINE 2C	
NO CHANGE FROM THE PRIOR YEAR.	
	•

932212 00-08-19

Schedule O (Form 990 or 990-EZ) (2019)

SCHEDULE R (Form 990)

# Related Organizations and Unrelated Partherships

OMB No. 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2019 Soution 512(b)(13) controlled 身 Employer identification mumber 02-0427331 × enthy? 2019 Direct controlling Yes entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV; line 34, because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity HE HOUSING PARTNERBHIP End-of-year assets. Public charity status (if section 501(c)(3)) € 509(A)(2) Complete if the organization answared "Yes" on Form 980, Part IV, line 33, 34, 35b, 38, or 37. Total Income Exempt Code section Ì ► Go to www.irs.gov/Form890 for instructions and the latest information. 501(c)(3) Ē Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV. line 33. Legal domone (state or Legal domicire (state or (capunco.ubjeut) foreign country) New Bandbeitre ► Attach to Form 990, ENTAL LOW-INCOME ROUGING Primary activity Primary activity ē THE HOUSING PARTINERSHIP For Paperwork Reduction Act Notice, see the instructions for Form 990. - 02-0512433, 767 IBLINGTON STREET, NORTON STREET NEIGHBORHOOD REVITALIATION Name, address, and SiN (if applicable) Name, address, and EIN of related organization of disregarded entity PORTSHOUTH, NH 03801 Name of the organization Supprement of the Incomy Supprement Section Part

02-0427331

Page 2

THE HOUSING PARTNERSHIP Schedule R (Form 990) 2019

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.

(4)	E	3	Ę	[3]	5	[5]	E	€	٤	٤
	2	3	3	61	<b>:</b>	A A	•	•	3	<u> </u>
Name, address, and EiN of related organization	Primary activity	Legal stanishic (stein or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate afocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing managing period Yes No	General or Percentage managing ownership perment
NORTON STREET NEIGHBORHOOD							_			
REVITALIZATION LIMITED	RENTAL									
PARTNERSHIP - 01-6156136, 767	LOW-THOOKE		NORTON STREET					-		
ISLINGTON STREET, PORTSMOUTH,	HOUSTING	HN	CORP.	RELATED	12,581.	1,131,428.	X	N/A	×	1004
SUMMER STREET HOUSING LIMITED									_	
PARTHERSHIP - 02-0479659, 767	RENTAL									
ISLINGTON STREET, PORTSHOUTH,	LOW-INCOME		THE HOUBING							
NH 03801	BOUSING	HN	PARTWERSHIP	RELATED	<104.>	13,291.	X	N/A	স	1.004
BETHESDA HOUSE HOUSING			HOUSING				_			
ASSOCIATES LIMITED	RENTAL		PARTNERBHIP							
PARTHERSHIP - 26-3539562, 767	LOW-INCOME		DEVELOPMENT							
ISLINGTON STREET, PORTSHOUTH,	HOUSTNO	HN	CORP	RELATED	<26.>	508,720.	X	N/A	×	.01
WOODBURY MILLS LINITED										
PARTNERSHIP - 80-0811147, 767	RENTAL									
ISLINGTON STREET, PORTSHOUTH,	LOW-INCOME	_	THE MILL							
NB 03801	HOUBING	HN	HOUBING INC	RELATED	29,074.	363,625.	×	N/A	×	*10.

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. Part IV

SEE PART VII FOR CONTINUATIONS

02-0427331

THE HOUSING PARTMERSHIP

Schedule R (Form 690) THE HOUSING PARTINERSHIP

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domedia (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated, annelated, unrelated, excluded from tax uninder	(f) Share of total income	(9) Share of end-of-year	(h) Depropartion- ate ellocations?		Code V.UBI amount in box	General Technol	(j) (k) General or Percentage mercentage ownership	<b>%</b> ≘
BRADLEY CORCONS LIMITED PARTNERSHIP - 47-1658278, 767	REFTAL	(Cornelly)		sections 512-514)			Xes No		K-1 (Form 1066)	Yeallo		1
П	ROUBING	NH	COMMONS INC	RELATED	<28.>	593,835.			N/A	×	°.	.010
BRADLEY COMMONS II LIMITED PARTNERSHIP - 37-1901896, 767	RENTAL											1
ISLINGTON STREET, PORTSMOUTH, NH 03801	LOW-INCOME	Į.	PHP DOVER	RELATIN	•	947 379			N / N	>		<b>4</b>
							T	<u> </u>	27/12	4		
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02-0427331

THE HOUSING PARTNERSHIP

Schedule R (Form 990) T

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

Printaly activity   Logic according   Printaly activity   Logic according   Logic activity   Logic activit	(0)		<b>②</b>	(D)	•	ε	(6)	٤	ات ا	
NAME   NAME	Name, address, and EIN of related organization	Primary activity	Legal domitoita (atato or finalen	Oirect controlling entity	Type of entity (C corp. S corp.	Share of total income		Percentage ownership	512b (13) controlled	£ 8
NH   CORDON NANAGEMENT   NH   CORDON			country)		or must)		BESTER		χes	2
COMDON MANAGEMENT NH STREAMSHAFT CORP 0. 0. COMPAGNITION CORP 0. 0. COMPAGNITION CORP 0. 0. COMPAGNITION CORP 0. COMPAGNITION CORP 0. COMPAGNITION C				BRADLEY						Ì
CONDO MARAGEMENT   NH SUBCOMPONITATION   CORP   0				COMMONS						
EQUITION THOOMS IN HIS BOOK IN O. O. O. O. O. O. O. O. O. O. O. O. O.	NH 03801	CONDO MANAGEMENT		SUBCONDONINIUM	C CORP	0.	0.			×
THE PARTMERSHIP C CORP 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	DOVER COMMONS II INC - 83-0873497									İ
OTION ONLY ON THE PARTMENER COOK OF THE PART	ISLINGTON STREET	RENTAL LOW-INCOME		THE HOUSTING						
		HOUSING		Partnerbhip	C CORP	σ.	0.			×
									brack	

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Ť	Yes	£
1 During the tax year, clid the organization engage in any of the following transactions with one or more related organizations listed in Parts IHV?	ts with one or more re	lated organizations listed	in Parts IHV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalities, or (iv) rent from a controlled ontity	≥	_		18		×
b Gift, grant, or capital contribution to related organization(s)				<b>1</b> b	X	
c Gift, grant, or capital contribution from related organization(s)	,			10	Н	×
d Loans or loan guarantees to or for related organization(s)				14	X	
				10		×
		***************************************			Ī	î
6 Dividende from related omenization(e)			,	÷	M	
Cate of accorde to meletad ourselession(s)				3	Ì	×
g cale of assets to relate ought transfer that the state of the state of a second state of the s				÷	T	×
					Ť	þ
:					t	4 :
j Lease of facilities, equipment, or other assets to related organization(s)				=	ŀ	×
k Lease of facilities equilibrated or other assets from related protection(s).				<b>*</b>		×
Parformance of sondress or membership or fundraising solicitations for related	omanizetionis)			=	×	
m Padomance of services of membership or fundamenta sell-chations by related outstandalist	anzatkonisi	***************************************		Ē	T	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	bon(si			Ę		×
				٤		×
					t	ŀ
				÷	•	×
Remigursement paid to related organization(s) for expense					×	
d rembursement paid by related organization(s) for expenses					†	
				-;	•	Þ
r Under transfer of cash of property to related organization(s)	mannan	*** ** ****** ***** ********** ******* *			T	4 >
s Other transfer of cash or property from related organization(s)	***************************************			138	1	↲
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	ila line, including covered	relationships and transaction thresholds.			1
(a) Name of related organization	(b) Transaction type (e-s)	(c) Amount involved	(d) Method of determining amount involved	pevior		
(1) BRADLEY COMMONS LIMITED PARTNERSHIP	Q	135,475.	135,475. ACTUAL AMOUNT			
2 BRADLEY COMMONS LIMITED PARTNERSHIP	Ţ	239,681	681. ACTUAL AMOUNT			1
(8) BRADLEY COMMONS LIMITED PARTNERSHIP	ø	50,969.	50,969. ACTUAL AMOUNT	Ì		- [
(4) BRADLEY COMMONS II LIMITED PARTNERSHIP	ø	198,226.	226. ACTUAL AMOUNT			1
(5)					į	1
9						
61-01-60 (20)-(20)			Schedule R (Form 980) 2019	R (Form	(086	8

Schedule R (Form 990) 2019 THE HOUSING PARTNERSHIP

(Part VI) Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 590, 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.

								_
(I) (K)  General or Percentage Description Description Owniership				ı	,			
(I) General or meneging pertne?? Yes: NO	:							
-130 -130 -130 -130 -130 -130 -130 -130								
Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				,		·	,	
(h) Disprapor- Iferata Hocznom? Ves No								
(h) Okompor- ibiata afoctrion? Yes No							,	
(g) Share of end-of-year asserts		, compression of the compression						
(f) Share of total hocome	,		,					
An ab authers ac 301(c)(3) pres No								
(c) (d) (elated income (state or foreign excluded from tax under country) sections 512-514)	,	i.						
(c) Legal domkile (state or foreign country)								
(b) Primary activity							-	
(a) Name, address, and EIN. of entity								

Schedule R (Form 890) 2019

Schedule R (Form 990) 2019 THE HOUSING PARTNERSHIP	02-0427331	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS I	ARTNERSHIP	:
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
NORTON STREET NEIGHBORHOOD REVITALIZATION LIMITED	·	<del></del>
PARTNERSHIP	<del></del>	
EIN: 01-6156136	<del></del>	
767 ISLINGTON STREET		
PORTSMOUTH, NH 03801		
rentant and obout	**************************************	
		<del></del>
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
BETHESDA HOUSE HOUSING ASSOCIATES LIMITED PARTNERSHIP		<del></del>
BIN: 26-3539562		_
767 ISLINGTON STREET		
PORTSMOUTH, NH 03801	·····	
DIRECT CONTROLLING ENTITY: HOUSING PARTNERSHIP DEVELOPMENT CONTROLLING ENTITY:	<u>₹P</u>	
PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CO	ORP OR TRUS	T:
WINT OF PRINTING OPENING AND ADDRESS OF THE PRINTING OF THE PR	,	
NAME OF RELATED ORGANIZATION:	<del></del>	
BRADLEY COMMONS SUBCONDOMINIUM		
DIRECT CONTROLLING ENTITY: BRADLEY COMMONS LIMITED PARTNERSHIE	2	
	<del></del>	
		<del></del>

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Schedule R (Form 990) 2019