! *	#351146088					9910 0	
Form 990-T	# 33 // 4 6 6 7 29 3 9 3 3 3 9 9 9 9 9 9 9 9 9 9 9 9 9						
6	For calendar year 2018 or other tax year beginning		, and ending		_	2018	
Department of the Treasury	Go to www.irs gov/Form990T t					nen to Public Inspection to	
Internal Revenue Service	Do not enter SSN numbers on this form as it					pen to Public Inspection fo 1(c)(3) Organizations Only	
A Check box if address changed	Name of organization (Check box if nai	l l		rer identification number yees' trust, see tions)			
B Exempt under section	Print THE HOUSING PARTNERSHIP NETWOR	K, INC.				-3172401	
x 501(c 0 (3)	or Type Number, street, and room or suite no. If a P.C). box, see ır	structions.	Į.		ed business activity code structions)	
408(e) 220(e)	1 WASHINGTON MALL, 12TH FLOOR						
408A530(a)	City or town, state or province, country, and z	ZIP or foreig	n postal code				
529(a)	BOSTON MA 02108			<u></u>	25100)	
C Book value of all assets at end of year	F Group exemption number (See instructions	•	501(a) trust	401/0		Other trust	
H. Enter the number of the	688_ G Check organization type ▶ 501(c) organization's unrelated trades or businesses. ▶	corporation	· 	401(a) t		Other trust	
	EMPLOYEE TRANSPORTATION BENEFITS	1		the only (or first) unre complete Parts I-V. If		han ana	
	plank space at the end of the previous sentence, comple	ita Darte I an					
business, then complete		ite i aito i ait	a II, complete a ocheunic	s Wi lor cach additions	Haue	OI .	
I During the tax year, was	the corporation a subsidiary in an affiliated group or a pand identifying number of the parent corporation.	parent-subs	idiary controlled group?	▶ [Yes	x No	
J The books are in care of			Telepho	one number 🕨 61	7-720	-1999	
	d Trade or Business Income		(A) Income	(B) Expenses	7 7 20	(C) Net	
1a Gross receipts or sal	es					- · · · · · · · · · · · · · · · · · · ·	
b Less returns and allo	wances c Balance	▶ 1c					
2 Cost of goods sold (Schedule A, line 7)	2			$\perp \perp$		
3 Gross profit. Subtract	t line 2 from line 1c	3					
	ne (attach Schedule D)	4a					
	4797, Part II, line 17) (attach Form 4797)	4b					
c Capital loss deductio		4c				<u>-</u>	
	partnership or an S corporation (attach statement)	5					
6 Rent income (Sched	•	6					
_	ced income (Schedule E)	7		_	-		
-	yalties, and rents from a controlled organization (Schedu f a section 501(c)(7), (9), or (17) organization (Schedu						
	ivity income (Schedule I)	10		<u> </u>			
11 Advertising income (11					
	structions; attach schedule) SEE STATEMENT 1	12	14,711,			14,711	
13 Total. Combine line		13	14,711,			14.711	
Part II Deduction	ons Not Taken Elsewhere (See instruction contributions, deductions must be directly conne			s income)			
14 Compensation of of	ficers, directors, and trustees (Schedule K)				14		
15 Salaries and wages					15		
16 Repairs and mainte	nance RECE	IVED			16		
17 Bad debts		-iAED			17		
18 Interest (attach scho	edule) (see instructions)		781	ļ	18		
19 Taxes and licenses	, ,	1 2019	[9]	<u> </u>	19	1,097	
	ions (See instructions for limitation rules)		781 ' '		20		
21 Depreciation (attach	Form 4562) UGDE	N, UT	21				
· 	aimed on Schedule A and elsewhere on return		22a		22b		
23 Depletion	errod company to a state			-	23		
	erred compensation plans			}	24		
Employee benefit prExcess exempt expe	-			+	25 26	<u> </u>	
27 Excess readership of				F	27		
28 Other deductions (a				ŀ	28		
, 1	dd lines 14 through 28			The state of the s	29	1,097,	
	taxable income before net operating loss deduction. Sul	btract line 29	9 from line 13	<u> </u>	30	13,614	
·	perating loss arising in tax years beginning on or after J				31		

13 614. Form **990-T** (2018)

1>									
orm 990-	T (2018)	THE HOUSING PARTNERSHIP NET	CWORK INC.		04-3172	401			Page 2
Part I	111 1	Total Unrelated Business Taxa			<u> </u>				
33	Total	of unrelated business taxable income comput	ted from all unrelated trades or businesse	s (see instructions)		33		13,	614.
34	Amou	nts paid for disallowed fringes				34		_	
35	Deduc	ction for net operating loss arising in tax years	s beginning before January 1, 2018 (see i	nstructions)		35			
36	Total	of unrelated business taxable income before s	specific deduction. Subtract line 35 from t	he sum of					
	lines 3	33 and 34				36		13	614
37	Speci	fic deduction (Generally \$1,000, but see line 3	37 instructions for exceptions)			37		1.	000
38	Unrel	ated business taxable income. Subtract line	$37\ \text{from line}\ 36\ \text{ If line}\ 37\ \text{is greater than}$	line 36,					
		the smaller of zero or line 36				38		12,	614
Part		ax Computation							
39	-	nizations Taxable as Corporations. Multiply I			•	39		2	649
40	$\overline{}$	s Taxable at Trust Rates See instructions for	·	iunt on line 38 from:		١			
		Tax rate schedule or Schedule D (For	rm 1041)			40	_		
41	•	tax See instructions			•	41	-		
42		ative minimum tax (trusts only)	•			42	_		
43		n Noncompliant Facility Income See Instruct				43			
<u>44</u> Part \		Add lines 41, 42, and 43 to line 39 or 40, wh	пспечег аррпез			44			649
	_	on tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a		\neg	\top		
43a b		credits (see instructions)	a data ditaoni onii 1110)	45b		┥			
C		al business credit. Attach Form 3800		45c		ヿ			
-		for prior year minimum tax (attach Form 880)1 or 8827)	45d		┪	i		
		credits Add lines 45a through 45d	, , , ,	1.00		45€	e i		
46		act line 45e from line 44				46	1	2	649
47	Other	taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 🔲 Other	(attach schedule)	47			
48	Total	tax Add lines 46 and 47 (see instructions)				48		2	649
49		net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, column (k), line 2			49			0.
50 a	Paym	ents: A 2017 overpayment credited to 2018		50a					
b	2018	estimated tax payments		50b					
c	Tax d	eposited with Form 8868		50c					
d	Foreig	gn organizations: Tax paid or withheld at sour	ce (see instructions)	50d		_			
е	Backı	ip withholding (see instructions)		50e		_			
f	Credit	t for small employer health insurance <u>prem</u> iur	ns (attach Form 8941)	50f		_			
g			orm 2439						
		Form 4136 O	ther Total	▶ 50g		_			
51		payments. Add lines 50a through 50g				51			
52		ated tax penalty (see instructions). Check if Fo				52			113
53		ue. If line 51 is less than the total of lines 48,				53		2.	762
54		ayment If line 51 is larger than the total of lii		1		54			
55 Part \		the amount of line 54 you want: Credited to 2 Statements Regarding Certain			efunded	55			
								V	N.
56		y time during the 2018 calendar year, did the a financial account (bank, securities, or other)	•		-			Yes	No
		N Form 114, Report of Foreign Bank and Fina							
			inclai Accounts. If tes, enter the hame of	i tile loreign country	•				
E 7	here	g the tax year, did the organization receive a c	distribution from or use it the granter of	or transferor to a fo	reign truct?			<u> </u>	X
57		y the tax year, old the organization receive a c s," see instructions for other forms the organi		or transferor to, a re	ireigii trustr				Х
58		the amount of tax-exempt interest received or	•						
		der penalties of perjury, I declare that I have examined rect, and complete Reclaration of prepare (other that	<u>` </u>	and statements, and to	the best of my kr	nowledge	and belief, it is	true,	
Sign	COI	rect, and complete Electaration of prepare (other tha	n taxpayer) is based on all information of which p	reparer has any knowle					
lere		16/8	1/-8, 19 N PRESIDER	NТ		-	IRS discuss thi arer shown belo		with
		Signature of officer	Date / Title			instruction			No
		Print/Type preparer's name	Preparer's signature	Date	Check	ıf P	TIN		
Paid				į l	self- employe				
Paiu Prepa	arer	THOMAS WASHBURN, CPA	THOMAS WASHBURN CPA	11/06/19			P00537319		
Use (1101	Firm's name ALEXANDER, ARONSON			Firm's EIN		04-257178		
JJ6 (y	50 WASHINGTON S	 -						

Firm's address westborough

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory v	aluation N/A						
1 Inventory at beginning of year 1			6	Inventory at end of year	ır					
2 Purchases 2			7	7 Cost of goods sold Subtract line 6						
3 Cost of labor	3		from line 5. Enter here and in Part I,			Part I,				
4a Additional section 263A costs				line 2			7	<u> </u>		
(attach schedule)	4a 8 Do the rules of section 2					263A (with respect to Ye				
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to				
5 Total Add lines 1 through 4b	5			the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pe	rsonal Property	Leas	ed With Real Pro	oper	ty)		
1. Description of property										
(1)										
(2)										
(3)								· -		
(4)								<u> </u>		
	2 Rent receiv	ed or accrued				3/a) Dadwatiana direct	h	ected with the income in		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than than	of rent for p	personal	sonal property (if the percental property exceeds 50% or if sed on profit or income)	age) (attach schedule)		
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columr	n (A)	.			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.	
Schedule E - Unrelated Del	ot-Financed	I Income (see	ınstru	ictions)						
			2	Gross income from		3 Deductions directly co to debt-finar				
1. Description of debt-fii	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(D) Other deductions (attach schedule)		
(1)			+							
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property a schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of column 3(a) and 3(b))		
(1)				%			_ -			
(2)				%		_				
(3)		-								
(4)				%						
			•			nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)		
Totals				•	ĺ		٥.		0.	
Total dividends-received deductions in	cluded in columr	n 8					<u> </u>		0.	
									_	

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Schedule F - Interest,	, (111101010	, <u>, , , o</u> y a.	11.00, 4		Controlled O		<u>~</u>		10 (300			
1 Name of controlled organiza	ition	2 Emi identifi num	cation		related income e instructions)		nents made incl		5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)				_		_						
(2)												
(3)									<u>-</u>		· · · · · · · · · · · · · · · · · ·	
(4)					_							
Nonexempt Controlled Organ	ızatıons											
7. Taxable Income	8. Net u	unrelated incon see instructions		9. Total	of specified pay made	ments	10. Part of colu in the controll gros	mn 9 tha ling organ s income	nization's		eductions directly connecte th income in column 10	
(1)	<u> </u>				 _	-						
(2)	-		_								-	
(3)												
(4)	<u> </u>			†						-		
<u>(7</u>				·			Add colur Enter here and line 8,		e 1, Part I,	l	ndd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals						•			0.		(
Schedule G - Investme (see inst	ent Inco	me of a	Section	n 501(c)(7), (9), or	(17) Oı	rganizatior	1				
1 Desc	cription of inco	ome			2 Amount of	income	3. Deduction directly connected (attach schedule)	ected	4 Set- (attach s	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)			••••									
(3)												
(4)												
					Enter here and Part I, line 9, co				<u> </u>		Enter here and on page Part I, line 9, column (B	
Totals				•		0.	ł			/		
Schedule I - Exploited (see instri	-	t Activity	Incon	ne, Othe	r Than Ad	lvertis	ing Income	Э		,		
			2 -		4. Net incor	ne (loss)					7 5	
1. Description of exploited activity	unrelated	Gross d business ne from business	directly with p of ur	xpenses connected roduction nrelated ss income	from unrelated business (co minus colum gain, comput through	d trade or olumn 2 in 3) If a se cots 5	5 Gross inci- from activity is not unrela business inci-	that ted	attribut	enses able to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(1) (2) (3)							i					
(3)	 			••	<u> </u>				 			
(4)	1				 							
(1)	page 1	ere and on 1, Part I, , col (A)	page	ere and on 1, Part I, 0, col (B)					L.		Enter here and on page 1, Part II, line 26	
Totals	1 .	0.		0.								
Schedule J - Advertisi	ing Inco	me (see i	nstructio	ns)								
Part I Income From	Periodio	cals Rep	orted o	on a Con	solidated	l Basis	•				_	
1 Name of periodical		2. Gross advertising income	adv	3 Direct vertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, compu hrough 7			6 Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)			_	.	-		_					
(4)					\neg						1	
			 	·	 		 		-	_		
Totals (carry to Part II, line (5))	•		0.		0.							

Form 990-T (2018) THE HOUSING PARTNERSHIP NET	IWORK INC.	04-3172401

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in Part II columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 7. Excess readership 2 Gross advertising costs (column 8 minus column 5, but not more than column 4) 3 Direct 5 Circulation 6 Readership 1 Name of periodical advertising costs costs ıncome ıncome (1) (2) (3) (4) Totals from Part I 0 0 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

Enter here and on page 1, Part I, line 11, col (B)

Enter here and on page 1, Part I, line 11, col (A)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)	-	%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

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Enter here and on page 1, Part II, line 27

Page 5

Totals, Part II (lines 1-5)

FORM 990-T .	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
QUALIFIED TRANSPORTATION	14,7	11.	
TOTAL TO FORM 990-T, PAG	SE 1, LINE 12	14,7	11.