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Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
THE HOUSING PARTNERSHIP, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) 333 GUTHRIE GREEN

Room/suite 404

City or town, state or country, and ZIP + 4 LOUISVILLE, KY 40202

D Employer identification number
61-1154315

E Telephone number (502) 585-5451

G Gross receipts $ 7,460,849.

F Name and address of principal officer F. LYNN LUALLEN
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.HOUSINGPARTNERSHIPINC.ORG

H(c) Group exemption number ▶

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1988 M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO CREATE, SUSTAIN AND PROMOTE ACCESS TO AFFORDABLE HOUSING OPPORTUNITIES.		
	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of employees (Part V, line 2a)	5	71
	6 Total number of volunteers (estimate if necessary)	6	49
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

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OGDEN, UT
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		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,090,551.	861,652.
	9 Program service revenue (Part VIII, line 2g)	1,396,206.	6,585,534.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-229,617.	4,538.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,719.	-7,928.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,286,859.	7,443,796.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,510,617.	2,688,895.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 62,744.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,229,593.	4,621,827.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,740,210.	7,310,722.
	19 Revenue less expenses Subtract line 18 from line 12	-453,351.	133,074.

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	5,453,588.	6,589,896.
	21 Total liabilities (Part X, line 26)	3,614,111.	4,617,345.
	22 Net assets or fund balances Subtract line 21 from line 20	1,839,477.	1,972,551.

Part II Signature Block

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

Sign Here

F. Lynn Lualle
Signature of officer

3-24-10
Date

F. LYNN LUALLEN, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Rebecca S. Phillips CPA

Date: 3/19/10

Check if self-employed ▶ ☐

Preparer's identifying number (see instructions): P00024055

Firm's name (or yours if self-employed), address, and ZIP + 4:
CHILTON & MEDLEY PLC
462 S. FOURTH ST, 2000 MEIDINGER TOWER
LOUISVILLE, KY 40202-3471

EIN ▶

Phone no. ▶ (502)749-1900

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SCANNED APR 23 2010

GJS 13

Part III | Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

TO CREATE, SUSTAIN AND PROMOTE ACCESS TO AFFORDABLE HOUSING OPPORTUNITIES.

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 ☒ No

If "Yes", describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes", describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses $ 4,946,552. including grants of $ 0.) (Revenue $ 4,714,139.)

HOUSING PRODUCTION AND REAL ESTATE DEVELOPMENT: THE ORGANIZATION DEVELOPS AND FACILITATES THE DEVELOPMENT OF HOUSING THAT IS AFFORDABLE TO LOW AND MODERATE INCOME BUYERS AND RENTERS IN THE REGION. OVER THE PAST TWENTY YEARS, THE ORGANIZATION HAS SOLIDIFIED ITS REPUTATION AS THE AREA'S DEVELOPER OF CHOICE FOR MODESTLY-PRICED HOUSING. THE ORGANIZTAION HAS EXCELLED IN THE FOLLOWING AREAS:

* THE DEVELOPMENT OF AFFORDABLE AND MIXED-INCOME NEIGHBORHOODS THROUGHOUT THE LOUISVILLE REGION.

* BUILDING PARTNERSHIPS TO REVITALIZE NEIGHBORHOODS AND ABANDONED AND UNDERUTILIZED URBAN PROPERTIES.

4b (Code) (Expenses $ 978,580. including grants of $ 0.) (Revenue $ 978,580.)

PROPERTY MANAGMENT: THE ORGANIZATION PROVIDES HOUSING OPTIONS TO FAMILIES AND SENIORS IN NEED OF QUALITY HOUSING THAT IS AFFORDABLE.

4c (Code) (Expenses $ 1,020,229. including grants of $ 0.) (Revenue $ 892,815.)

COUNSELING & EDUCATION AND FORECLOSURE INTERVENTION: THE ORGANIZATION'S FINANCIAL COUNSELING & EDUCATION PROGRAM IS HUD CERTIFIED. OVER 18,000 HOMEBUYERS AND POTENTIAL HOMEBUYERS HAVE BEEN ASSISTED IN PREPARING FOR, OR SUSTAINING, HOME OWNERSHIP THROUGH FINANCIAL COUNSELING PROGRAMS. NEARLY 7,000 PROGRAM GRADUATES HAVE PURCHASED HOMES AS A RESULT OF THE WORK OF THE ORGANIZATION. IN ADDITION TO HOME OWNERSHIP EDUCATION, THE PROGRAM HAS HELPED OVER 1,400 FAMILIES AVOID FORECLOSURES SINCE 2008. THE ORGANIZATION'S PROGRAM HAS BEEN RECOGNIZED BY KENTUCKY HOUSING CORPRATION FOR OUTSTANDING EFFORTS IN PREDATORY LENDING EDUCATION. THE ORGANIZATION ALSO RESPONDS TO THE MOST FRAGILE HOUSEHOLDS ON THE ECONOMIC SCALE BY PROVIDING BASIC BUDGET AND CREDIT COUNSELING.

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses ▶ $** 6,945,361. *(Must equal Part IX, Line 25, column (B))*

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	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total 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 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701 3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	71		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	25		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	71		
b	If at least one is reported on line 2a, 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* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter N/A				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body 1a 26			
b	Enter the number of voting members that are independent 1b 26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11	X	

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision·			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	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 taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ KY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

THE ORGANIZATION - (502) 585-5451
333 GUTHRIE GREEN, NO. 404, LOUISVILLE, KY 40202

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter 0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DR. JO ANN ROONEY CHAIR	0.20	X		X				0.	0.	0.
MARK F. WHEELER PAST-CHAIR	0.20	X		X				0.	0.	0.
F. LYNN LUALLEN PRESIDENT	40.00	X		X				129,155.	0.	1,622.
MIKE HYNES EXECUTIVE VICE PRESIDENT	40.00	X		X				127,155.	0.	11,393.
WILLIAM HEINZ VICE PRESIDENT/CAO	40.00	X		X				59,538.	0.	340.
LINDA HOLLAND SECRETARY	40.00	X		X				41,081.	0.	11,250.
JAMES S. GOLDBERG TREASURER	0.20	X		X				0.	0.	0.
J. BARRY BARKER DIRECTOR	0.20	X						0.	0.	0.
TIM J. BARRY DIRECTOR	0.20	X						0.	0.	0.
STEVEN E. BOGUS DIRECTOR	0.20	X						0.	0.	0.
WILLIAM B. GATEWOOD DIRECTOR	0.20	X						0.	0.	0.
R.K. GUILLAUME DIRECTOR	0.20	X						0.	0.	0.
DANIEL HALL DIRECTOR	0.20	X						0.	0.	0.
DAVID C. HOWARD, JR. DIRECTOR	0.20	X						0.	0.	0.
ROB LOCKE DIRECTOR	0.20	X						0.	0.	0.
M. DIANE MURPHY DIRECTOR	0.20	X						0.	0.	0.
LISA PAYNE DIRECTOR	0.20	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL A. RINGSWALD DIRECTOR	0.20	X						0.	0.	0.
BECKY ROEHRIG DIRECTOR	0.20	X						0.	0.	0.
WILLIAM L. SKEES, JR. DIRECTOR	0.20	X						0.	0.	0.
JOSEPH P. TOLAN DIRECTOR	0.20	X						0.	0.	0.
ROBERT B. VICE DIRECTOR	0.20	X						0.	0.	0.
BILLIE W. WADE DIRECTOR	0.20	X						0.	0.	0.
LEONARD A. WATKINS DIRECTOR	0.20	X						0.	0.	0.
TRACEY E. WILLIAMS DIRECTOR	0.20	X						0.	0.	0.
MARITA A. WILLIS DIRECTOR	0.20	X						0.	0.	0.
RICHARD WIMSATT DIRECTOR	0.20	X						0.	0.	0.
1b Total ▶								356,929.	0.	24,605.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 2

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
JOEY ISABEL DBA ISABEL HEATING & COOLING P.O. BOX 221, FAIRDALE, KY 40118	HEATING & COOLING	471,301.
BRAINER & BROWN PLUMBING 215 STEEDLY DR, LOUISVILLE, KY 40214	PLUMBING	361,034.
ACE LLC, 815 JOHN HARPER HWY, SHEPHERDSVILLE, KY 40165	ROOFING	284,196.
A&M CONTRACTING 1149 S. 7TH ST, LOUISVILLE, KY 40203	CONTRACTOR	196,490.
ADVANCED PLUMBING CONTRACTORS, INC. 4122 BISHOP LN, LOUISVILLE, KY 40229	PLUMBING	190,810.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 10

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	24,450.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	235,324.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	601,878.			
	g Noncash contributions included in lines 1a-1f $ 39,231.					
	h **Total.** Add lines 1a-1f	▶	861,652.			
Program Service Revenue		Business Code				
	2a HPIC INCOME	236000	3532654.	3532654.		
	b DEVELOPMENT ADVISING F	236000	2146660.	2146660.		
	c FORECLOSURE INTERVENTI	531390	606,170.	606,170.		
	d DEFERRED REVENUE RECOG	900099	100,000.	100,000.		
	e MISCELLANEOUS INCOME	531390	68,495.	68,495.		
	f All other program service revenue	531390	131,555.	131,555.		
	g **Total.** Add lines 2a-2f	▶	6585534.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	4,538.			4,538.
	4 Income from investment of tax exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶				
	8a Gross income from fundraising events (not including $ 24,450. of contributions reported on line 1c) See Part IV, line 18	a 9,125.				
	b Less direct expenses	b 17,053.				
	c Net income or (loss) from fundraising events	▶	-7,928.	-7,928.		
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶				
	12 **Total Revenue** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	7443796.	6577606.	0.	4,538.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	416,279.	258,584.	105,130.	52,565.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,832,842.	1,832,842.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	275,285.	256,529.	15,004.	3,752.
10 Payroll taxes	164,489.	151,174.	10,653.	2,662.
11 Fees for services (non-employees)				
a Management				
b Legal	893.		893.	
c Accounting	24,750.		24,750.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	17,738.	15,309.	2,429.	
13 Office expenses	107,143.	58,543.	48,600.	
14 Information technology				
15 Royalties				
16 Occupancy	98,469.	89,046.	9,423.	
17 Travel	63,342.	61,488.	1,854.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,310.	5,963.	1,347.	
20 Interest	32,098.	32,098.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	22,035.		22,035.	
23 Insurance	72,836.	54,627.	18,209.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONSTRUCTION EXPENSE	2,999,464.	2,999,464.		
b IMPAIRMENT EXPENSE	891,975.	891,975.		
c BUSINESS SERVICES	101,881.	87,026.	14,855.	
d MISCELLANEOUS EXPENSE	62,644.	55,927.	4,995.	1,722.
e BAD DEBT EXPENSE	42,614.	27,699.	14,915.	
f All other expenses	76,635.	67,067.	7,525.	2,043.
25 **Total functional expenses** Add lines 1 through 24f	7,310,722.	6,945,361.	302,617.	62,744.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		788,369.	1	533,222.
	2	Savings and temporary cash investments		67,663.	2	595,582.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		485,972.	4	834,157.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		183,276.	9	93,344.
	10a	Land, buildings, and equipment cost basis	10a 315,403.			
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b 291,017.	31,829.	10c	24,386.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11		3,185,373.	13	2,056,807.
	14	Intangible assets		24,693.	14	25,674.
	15	Other assets See Part IV, line 11		686,413.	15	2,426,724.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,453,588.	16	6,589,896.
Liabilities	17	Accounts payable and accrued expenses		316,775.	17	991,198.
	18	Grants payable			18	
	19	Deferred revenue		73,449.	19	72,249.
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		2,653,397.	23	2,238,836.
	24	Unsecured notes and loans payable		100,000.	24	100,000.
	25	Other liabilities Complete Part X of Schedule D		470,490.	25	1,215,062.
	26	**Total liabilities.** Add lines 17 through 25		3,614,111.	26	4,617,345.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,177,627.	27	954,991.
	28	Temporarily restricted net assets		379,850.	28	806,060.
	29	Permanently restricted net assets		282,000.	29	211,500.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,839,477.	33	1,972,551.
	34	Total liabilities and net assets/fund balances		5,453,588.	34	6,589,896.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
THE HOUSING PARTNERSHIP, INC.	61-1154315

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete the Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	65,500.	397,370.	437,424.	1,090,551.	861,652.	2,852,497.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3	65,500.	397,370.	437,424.	1,090,551.	861,652.	2,852,497.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						2,852,497.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	65,500.	397,370.	437,424.	1,090,551.	861,652.	2,852,497.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,799.	113,727.	324,086.	144,350.	4,538.	612,500.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						3,464,997.
12 Gross receipts from related activities, etc (see instructions)					12	11,046,396.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	82.32 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	68.71 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: THE HOUSING PARTNERSHIP, INC.

Employer identification number: 61-1154315

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not 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, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 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 SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	315,403.		291,017.	24,386.
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				24,386.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT IN HPN CAPTIVE		
INSURANCE	74,000.	COST
INVESTMENT IN HPI DEVELOPMENT		
FUND	176,500.	COST
INVESTMENT IN REAL ESTATE		
DEVELOPMENT	1,806,307.	COST
Total (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶	2,056,807.	

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
DEVELOPMENT FEES RECEIVABLE	976,186.
GRANTS & OTHER RECEIVABLES	729,213.
HOMES IN PROCESS	721,325.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	2,426,724.

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
DEFICIT POSITION IN THPI, LLC PROJECTS	113,845.
PAYABLE ON DEVELOPMENT PROJECTS	851,217.
OPERATING LINE OF CREDIT	250,000.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,215,062.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,443,796.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,310,722.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	133,074.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	0.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	133,074.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	7,387,169.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	26,320.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	17,053.		
e	Add lines 2a through 2d			2e	43,373.
3	Subtract line 2e from line 1			3	7,343,796.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	100,000.		
c	Add lines 4a and 4b			4c	100,000.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	7,443,796.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	7,354,095.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	26,320.		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	17,053.		
e	Add lines 2a through 2d			2e	43,373.
3	Subtract line 2e from line 1			3	7,310,722.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	7,310,722.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

PART XII AND PART XIII, LINE 2D: $17,053 - FUNDRAISER EXPENSES

PART XII, LINE 4B: $100,000 - RECLASSIFCIATION OF DEFERRED INCOME

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization

THE HOUSING PARTNERSHIP, INC.

Employer identification number

61-1154315

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000

		(a) Event #1 CHAMPIONS OF HOMEOWNERSH (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	33,575.			33,575.
	2 Less Charitable contributions	24,450.			24,450.
	3 Gross revenue (line 1 minus line 2)	9,125.			9,125.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	13,000.			13,000.
	7 Other direct expenses	4,053.			4,053.
	8 Direct expense summary Add lines 4 through 7 in column (d)			▶	(17,053.)
	9 Net income summary Combine lines 3 and 8 in column (d)			▶	-7,928.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes____ % ☐ No	☐ Yes____ % ☐ No	☐ Yes____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d)			▶	

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	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?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____				
c If "Yes," enter name and address				
Name ▶				
Address ▶				
16 Gaming manager information				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: THE HOUSING PARTNERSHIP, INC.

Employer identification number: 61-1154315

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (BELOW MARKET)	X	3	22,354.	INTEREST RATE CALC
26	Other ▶ (BUILDING MATE)	X	1	16,877.	ACTUAL COST
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment — 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: THE HOUSING PARTNERSHIP, INC.

Employer identification number: 61-1154315

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

* LEADING THE NON-PROFIT SECTOR IN REDEVELOPING DISTRESSED URBAN NEIGHBORHOODS.

FORM 990, PART VI, SECTION A, LINE 10: FORM 990 IS PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR APPROVAL PRIOR TO FILING. A FINAL COPY OF THE FORM 990 IS PROVIDED TO THE GOVERNING BODY PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL CERTIFICATION BY THE BOARD OF DIRECTORS IS REQUIRED. KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY POSSIBLE CONFLICTS OF INTEREST PRIOR TO ENGAGING IN THE ACTIVITY.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION HIRES AN OUTSIDE, INDEPENDENT CONTRACTOR TO PREPARE SALARY COMPARABLE DATA FOR ALL JOBS WITHIN THE CORPORATION, INCLUDING THE PRESIDENT. THIS STUDY DENOTES PAY GRADES WITH PAY RANGES FOR EACH JOB.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

DR. JO ANN ROONEY - 845 S. THIRD ST.

LOUISVILLE, KY 40203

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

THE HOUSING PARTNERSHIP, INC.

Employer identification number

61-1154315

MARK F. WHEELER - ONE FINANCIAL SQUARE

LOUISVILLE, KY 40202

JAMES S. GOLDBERG - 500 W. JEFFERSON ST., STE. 2000

LOUISVILLE, KY 40202

J. BARRY BARKER - 1000 W. BROADWAY

LOUISVILLE, KY 40203

TIM J. BARRY - 420 S. 8TH ST.

LOUISVILLE, KY 40203

STEVEN E. BOGUS - 2911 S. 4TH ST.

LOUISVILLE, KY 40208

WILLIAM B. GATEWOOD - 701 HANCOCK

LOUISVILLE, KY 40203

R.K. GUILLAUME - 401 W. MAIN ST.

LOUISVILLE, KY 40202

DANIEL HALL - 2301 S. THIRD ST., SUITE 209

LOUISVILLE, KY 40292

DAVID C. HOWARD, JR. - 101 S. FIFTH ST.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

THE HOUSING PARTNERSHIP, INC.

Employer identification number

61-1154315

LOUISVILLE, KY 40202

ROB LOCKE - 2777 S. FLOYD ST.

LOUISVILLE, KY 40209

M. DIANE MURPHY - 101 W. SPRING ST.

NEW ALBANY, IN 47150

LISA PAYNE - 220 W. MAIN ST.

LOUISVILLE, KY 40202

MICHAEL A. RINGSWALD - 601 W. MARKET ST.

LOUISVILLE, KY 40202

BECKY ROEHRIG - 610 S. 4TH ST., #701

LOUISVILLE, KY 40202

WILLIAM L. SKEES, JR. - 400 W. MARKET ST., 32ND FL.

LOUISVILLE, KY 40202

JOSEPH P. TOLAN - 334 E. BROADWAY

LOUISVILLE, KY 40202

ROBERT B. VICE - 500 W. JEFFERSON ST., STE. 2400

LOUISVILLE, KY 40202

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

THE HOUSING PARTNERSHIP, INC.

Employer identification number

61-1154315

BILLIE W. WADE - P.O. BOX 189

SHELBYVILLE, KY 40666

LEONARD A. WATKINS - 3541 ALGONQUIN PKWY.

LOUISVILLE, KY 40211

TRACEY E. WILLIAMS - 234 E. GRAY ST., STE. 225

LOUISVILLE, KY 40202

MARITA A. WILLIS - 500 W. JEFFERSON ST.

LOUISVILLE, KY 40202

RICHARD WIMSATT - 850 DIXIE HWY.

LOUISVILLE, KY 40210

FORM 990, PART XI, LINE 2C:

THE ORGANIZATION MAINTAINS AN AUDIT AND FINANCE COMMITTEE COMPRISED EXCLUSIVELY OF DIRECTORS WHO SELECT THE INDEPENDENT ACCOUNTANT. THE COMMITTEE MEETS WITH THE INDEPENDENT AUDITOR PRIOR TO AND AT THE CONCLUSION OF THE ANNUAL AUDIT, INCLUDING AN EXECUTIVE SESSION WITHOUT MANAGEMENT.

SCHEDULE R (Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: THE HOUSING PARTNERSHIP, INC.

Employer identification number: 61-1154315

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
THPI, LLC - 61-1154315 333 GUTHRIE GREEN, SUITE 404 LOUISVILLE, KY 40202	AFFORDABLE HOUSING CONSTRUCTION/REHABILITATION	KENTUCKY	-202,051.	6489049.	N/A
HPI CONSTRUCTION, LLC - 61-1154315 333 GUTHRIE GREEN, SUITE 404 LOUISVILLE, KY 40202	REAL ESTATE DEVELOPMENT	KENTUCKY	235,012.	251,444.	N/A

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No
MARTIN-KENTUCKY I, LTD - 35-1893437, 333 GUTHRIE GREEN, SUITE 404, LOUISVILLE, KY 40202	AFFORDABLE HOUSING	KY	THPI, LLC	RELATED	-18.	1,607,690.		X	N/A	X	
PARTRIDGE POINTE PARNTERS, LLLP - 26-1747776, 333 GUTHRIE GREEN, SUITE 404, LOUISVILLE, KY 40202	AFFORDABLE HOUSING	KY	THPI, LLC	RELATED	-9.	5,749,991.		X	N/A	X	
CHRIST THE KING SENIOR HOUSING, LTD. - 61-1391217, 333 GUTHRIE GREEN, SUITE 404, LOUISVILLE, KY 40202	AFFORDABLE HOUSING	KY	THPI, LLC	RELATED	-7.	656,577.		X	N/A	X	
MARIAN MANOR II, LTD. - 32-0083512, 333 GUTHRIE GREEN, SUITE 404, LOUISVILLE, KY 40202	AFFORDABLE HOUSING	KY	THPI, LLC	RELATED	-19.	1,250,467.		X	N/A	X	

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
ST. CECILIA GP, INC - 26-0189735 333 GUTHRIE GREEN, STE. 404 LOUISVILLE, KY 40202	AFFORDABLE HOUSING	KY	NA	C CORP	-1.	0.	100.00%
ST. DENIS GP, INC. - 26-2149984 333 GUTHRIE GREEN, STE. 404 LOUISVILLE, KY 40202	AFFORDABLE HOUSING	KY	NA	C CORP	0.	0.	100.00%

Part V Transactions With Related Organizations

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d	X	
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p	X	
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) MARTIN-KENTUCKY I, LTD.	D	1,444,814.
(2) MARTIN-KENTUCKY I, LTD.	P	97,393.
(3) PARTRIDGE POINTE PARTNERS, LLLP	D	5,750,000.
(4) PARTRIDGE POINTE PARTNERS, LLLP	P	268,852.
(5) CHRIST THE KING SENIOR HOUSING, LTD.	D	410,536.
(6) CHRIST THE KING SENIOR HOUSING, LTD.	P	33,971.

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations? Yes	(D) No	(E) Share of end-of-year assets	(F) Disproportionate allocations? Yes	(F) No	(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner? Yes	(H) No

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 domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No
ZION SENIOR HOUSING, LTD. - 20-3136417, 333 GUTHRIE GREEN, SUITE 404, LOUISVILLE, KY 40202	AFFORDABLE HOUSING	KY	THPI, LLC	RELATED	-18.	814,384.		X	N/A	X	
ST. CECILIA ELDERLY APARTMENTS, LTD. - 20-1189412, 333 GUTHRIE GREEN, SUITE 404, LOUISVILLE,	AFFORDABLE HOUSING	KY	ST. CECILIA GP, INC.	RELATED	-1.	3,808,013.		X	N/A	X	
HUNT HOMES, LTD. - 30-0188156 333 GUTHRIE GREEN, SUITE 404 LOUISVILLE, KY 40202	AFFORDABLE HOUSING	KY	THPI, LLC	RELATED	-11.	651,614.		X	N/A	X	
CALIFORNIA SINGLE FAMILY HOMES, LTD. - 61-1375334, 333 GUTHRIE GREEN, SUITE 404, LOUISVILLE, KY 40202	AFFORDABLE HOUSING	KY	THPI, LLC	RELATED	-8.	304,210.		X	N/A	X	
LINTON HOMES, LTD. - 61-1376336, 333 GUTHRIE GREEN, SUITE 404, LOUISVILLE, KY 40202	AFFORDABLE HOUSING	KY	THPI, LLC	RELATED	-11.	-22,458.		X	N/A	X	
LEGACY HOUSING PARTNERS I, LTD. - 61-1292429, 333 GUTHRIE GREEN, SUITE 404, LOUISVILLE, KY 40202	AFFORDABLE HOUSING	KY	THPI, LLC	RELATED	-268.	129,146.		X	N/A	X	
KDVA HOMES 07, LLLP - 41-2264783, 333 GUTHRIE GREEN, SUITE 404, LOUISVILLE, KY 40202	AFFORDABLE HOUSING	KY	THPI, LLC	RELATED	0.	0.		X	N/A	X	
ST. DENIS SENIOR APARTMENTS, LLLP - 26-2150112, 333 GUTHRIE GREEN, SUITE 404, LOUISVILLE, KY 40202	AFFORDABLE HOUSING	KY	ST. DENIS GP, INC.	RELATED	0.	0.		X	N/A	X	

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) MARIAN MANOR II, LTD.	D	445,005.
(8) MARIAN MANOR 2, LTD.	P	33,267.
(9) ZION SENIOR HOUSING, LTD.	D	667,124.
(10) ZION SENIOR HOUSING, LTD.	P	64,171.
(11) ST. CECILIA ELDERLY APARTMENTS, LTD.	D	1,197,695.
(12) ST. CECILIA ELDERLY APARTMENTS, LTD.	P	12,100.
(13) HUNT HOMES, LTD.	D	502,922.
(14) HUNT HOMES, LTD.	P	45,751.
(15) CALIFORNIA SINGLE FAMILY HOMES, LTD.	D	396,461.
(16) CALIFORNIA SINGLE FAMILY HOMES, LTD.	P	19,014.
(17) LINTON HOMES, LTD.	D	380,776.
(18) LINTON HOMES, LTD.	P	48,594.
(19) LEGACY HOUSING PARTNERS I, LTD.	D	331,954.
(20) LEGACY HOUSING PARTNERS I, LTD.	P	34,128.
(21) KDVA HOMES 07, LLLP	D	107,255.
(22) ST. DENIS SENIOR APARTMENTS, LLLP	D	86,619.
(23)		
(24)		

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print	Name of Exempt Organization	**Employer identification number**
	THE HOUSING PARTNERSHIP, INC.	61-1154315
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 333 GUTHRIE GREEN, NO. 404	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40202	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ THE ORGANIZATION 333 GUTHRIE GREEN, #404 - LOUISVILLE, KY 40202
  Telephone No. ▶ (502) 585-5451 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization		Employer identification number
	THE HOUSING PARTNERSHIP, INC.		61-1154315
	Number, street, and room or suite no. If a P.O. box, see instructions. 333 GUTHRIE GREEN, NO. 404		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40202		

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ THE ORGANIZATION
333 GUTHRIE GREEN, NO. 404 - LOUISVILLE, KY 40202
Telephone No. ▶ (502) 585-5451 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2010.

5 For calendar year _____, or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
ORGANIZATION NEEDS ADDITIONAL TIME TO GATHER INFORMATION FOR A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Stacey L. Huff Title ▶ CPA Date ▶ 2-11-10