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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE HOUSING PARTNERSHIP NETWORK INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
160 STATE STREET 5TH FLOOR

City or town, state or country, and ZIP + 4
BOSTON, MA 02109

D Employer identification number
04-3172401

E Telephone number
(617) 720-1999

G Gross receipts $ 10,051,762

F Name and address of principal officer
THOMAS BLEDSOE
160 STATE STREET 5TH FLOOR
BOSTON,MA 02109

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)

H(c) Group exemption number ▶

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

J Website: ▶ HOUSINGPARTNERSHIP NET

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1990 | **M** State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO BUILD AFFORDABLE HOMES, BETTER FUTURES, AND VIBRANT COMMUNITIES FOR LOW AND MODERATE INCOME PEOPLE THROUGH PARTNERSHIPS WITH ITS MEMBER ORGANIZATIONS AND BUSINESSES, GOVERNMENT AND PHILANTHROPIC INSTITUTIONS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	23
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	10,175,539	7,592,048
9	Program service revenue (Part VIII, line 2g)	1,893,087	2,327,597
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,422	490
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-11,200	131,627
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,062,848	10,051,762
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,223,841	5,345,049
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,565,285	2,956,695
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶193,758		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,264,942	1,899,005
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	11,054,068	10,200,749
19	Revenue less expenses Subtract line 18 from line 12	1,008,780	-148,987

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	20,797,160	20,974,922
21	Total liabilities (Part X, line 26)	18,144,959	18,471,708
22	Net assets or fund balances Subtract line 21 from line 20	2,652,201	2,503,214

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

****** | 2011-10-17
Signature of officer | Date

THOMAS BLEDSOE PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
DAVID KELLEHER CPA	DAVID KELLEHER CPA	2011-10-11	☐	

Firm's name ▶ ALEXANDER ARONSON FINNING & CO PC | Firm's EIN ▶

Firm's address ▶ 21 EAST MAIN STREET
WESTBORO, MA 01581 | Phone no ▶ (508) 366-9100

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

TO BUILD AFFORDABLE HOMES, BETTER FUTURES AND VIBRANT COMMUNITIES FOR LOW AND MODERATE INCOME PEOPLE THROUGH PARTNERSHIPS WITH OUR MEMBER ORGANIZATIONS, THE BUSINESS SECTOR, GOVERNMENT, AND PHILANTHROPIC INSTITUTIONS

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

4a (Code) (Expenses $ 9,106,891 including grants of $ 5,345,049) (Revenue $ 2,459,224)

TO SUPPORT AND ADVOCATE COMMUNITY BASED EFFORTS FOR THE EXPANSION OF AFFORDABLE HOUSING OPPORTUNITIES AND THE REVITALIZATION OF COMMUNITIES

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 9,106,891

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
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**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
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**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	34		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	
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**	23		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
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**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**	No
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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
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**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**	
9	**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				
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				
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	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 20		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 17		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 ▶ MA

18 Section 6104 requires an organization to make its Form 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 See Additional Data Table

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

THE CORPORATION
160 STATE STREET 5TH FLOOR
BOSTON, MA 02109
(617) 720-1999

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,866,592	0	287,596

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 10

		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**		No
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**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**		No

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

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				
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e	5,777,048			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,815,000			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		7,592,048			
Program Service Revenue		Business Code				
	2a MANAGEMENT FEES	531390	1,693,848	1,693,848		
	b MEMBERSHIP FEES	531390	583,480	583,480		
	c INTEREST ON LOANS	531390	32,269	32,269		
	d LOAN FEES	531390	18,000	18,000		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		2,327,597			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		490			490
	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) . . . . . ▶					
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	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 SHARE OF INCOME OF AFF	531390	131,627	131,627		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		131,627			
	12 **Total revenue.** See Instructions . . . ▶		10,051,762	2,459,224	0	490

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	5,345,049	5,345,049		
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	1,495,319	1,136,442	290,781	68,096
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	1,121,224	854,858	191,108	75,258
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	96,256	70,108	26,148	
9 Other employee benefits	98,685	77,444	9,592	11,649
10 Payroll taxes	145,211	114,360	22,057	8,794
a Fees for services (non-employees) Management				
b Legal	23,364	2,890	20,474	
c Accounting	44,547	23,574	20,973	
d Lobbying	79,441	79,441		
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	31,653	2,773	28,880	
12 Advertising and promotion				
13 Office expenses	46,022	28,472	17,525	25
14 Information technology	26,368	5,601	20,767	
15 Royalties				
16 Occupancy	236,766	157,249	71,200	8,317
17 Travel	212,014	177,396	18,655	15,963
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	238,596	229,102	9,494	
20 Interest	48,426	3,315	45,111	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	53,703	33,742	18,275	1,686
23 Insurance	23,197	16,645	5,658	894
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a CONSULTING	635,342	588,401	46,941	
b IMPAIRMENT OF AFFILIATE	100,000	100,000	0	
c COMMUNICATIONS	48,294	25,955	21,511	828
d DUES AND PUBLICATIONS	24,853	23,143	1,650	60
e OTHER EXPENSES	10,464	3,069	7,395	
f All other expenses	15,955	7,862	5,905	2,188
25 **Total functional expenses.** Add lines 1 through 24f	10,200,749	9,106,891	900,100	193,758
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		993,953	1	1,046,765
	2	Savings and temporary cash investments		951,357	2	752,993
	3	Pledges and grants receivable, net		1,251,810	3	944,315
	4	Accounts receivable, net		275,330	4	709,217
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		52,521	9	149,815
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 323,673			
	b	Less accumulated depreciation	10b 231,988	122,442	10c	91,685
	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		2,147,403	13	3,079,030
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		15,002,344	15	14,201,102
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		20,797,160	16	20,974,922
Liabilities	17	Accounts payable and accrued expenses		503,915	17	428,679
	18	Grants payable		1,598,200	18	1,414,480
	19	Deferred revenue		40,500	19	427,447
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial 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			23	
	24	Unsecured notes and loans payable to unrelated third parties		1,000,000	24	2,000,000
	25	Other liabilities Complete Part X of Schedule D		15,002,344	25	14,201,102
	26	**Total liabilities.** Add lines 17 through 25		18,144,959	26	18,471,708
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,938,628	27	2,155,714
	28	Temporarily restricted net assets		713,573	28	347,500
	29	Permanently restricted net assets			29	
		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		2,652,201	33	2,503,214
	34	Total liabilities and net assets/fund balances		20,797,160	34	20,974,922

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	10,051,762
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,200,749
3	Revenue less expenses Subtract line 2 from line 1	3	-148,987
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	2,652,201
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,503,214

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE HOUSING PARTNERSHIP NETWORK INC

Employer identification number
04-3172401

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 (For lines 1 through 11, check only one box)

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).**

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 331/3% 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 331/3% 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 Part III)

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

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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,995,685	3,867,711	6,937,647	10,175,539	7,592,048	31,568,630
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 through 3	2,995,685	3,867,711	6,937,647	10,175,539	7,592,048	31,568,630
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)						1,580,568
6 **Public Support.** Subtract line 5 from line 4						29,988,062

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,995,685	3,867,711	6,937,647	10,175,539	7,592,048	31,568,630
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,529	4,443	32,363	5,422	490	49,247
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)						31,617,877

12	Gross receipts from related activities, etc (See instructions)	12	11,683,434

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	94 850 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	95 790 %

16a **33 1/3% support test—2010.** 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—2009.** If the organization did not check the 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—2010.** 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—2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
THE HOUSING PARTNERSHIP NETWORK INC	04-3172401

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ 135,618

3 Volunteer hours 195

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		135,618
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			135,618
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	THE HOUSING PARTNERSHIP NETWORK, INC HAS STAFF MEMBERS, VOLUNTEERS AND A CONSULTANT THAT LOBBY IN SUPPORT OF OUR EFFORTS TO CREATE A MORE ENTREPRENEURIAL AND SUSTAINABLE AFFORDABLE HOUSING SECTOR THAT MORE EFFECTIVELY AND EFFICIENTLY USES SCARCE PUBLIC DOLLARS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE HOUSING PARTNERSHIP NETWORK INC

Employer identification number
04-3172401

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 for any other purpose conferring 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)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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 Escrow and Custodial Arrangements. Complete if the 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 the 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	140,818		82,016	58,802
d Equipment	182,855		149,972	32,883
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				91,685

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (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
(1) INVESTMENT IN AFFILIATE	829,030	F
(2) LOANS RECEIVABLE	2,250,000	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	3,079,030	

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

(a) Description	(b) Book value
(1) CONDITIONAL ADVANCE RECEIVABLE	14,201,102
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	14,201,102

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
CONDITIONAL ADVANCE	14,201,102
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	14,201,102

2. Fin 48 (ASC 740) Footnote 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 (ASC740)

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	10,051,762
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,200,749
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-148,987
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	-148,987

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	10,051,762
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			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	10,051,762
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			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	10,051,762

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

1	Total expenses and losses per audited financial statements			1	10,200,749
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	10,200,749
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	10,200,749

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE NETWORK FOLLOWS THE STANDARDS FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THESE STANDARDS CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE NETWORK'S COMBINING FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD AND MEASUREMENT PROCESS FOR FINANCIAL STATEMENT RECOGNITION AND DISCLOSURE OF TAX POSITIONS TAKEN AS OF DECEMBER 31, 2010, THE NETWORK DETERMINED THAT THERE ARE NO MATERIAL UNRECOGNIZED TAX BENEFITS TO REPORT THE NETWORK FILES INFORMATIONAL TAX RETURNS IN THE UNITED STATES (FEDERAL) AND MASSACHUSETTS (STATE) JURISDICTIONS THE NETWORK IS GENERALLY SUBJECT TO INCOME TAX EXAMINATIONS IN THE ABOVE JURISDICTIONS FOR THREE YEARS

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE HOUSING PARTNERSHIP NETWORK INC

Employer identification number
04-3172401

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE HOUSING PARTNERSHIP NETWORK (HPN) ONLY MAKES GRANTS TO QUALIFIED ORGANIZATIONS THAT MEET THE CRITERIA OF SPECIAL CONTRACT AND GRANT PASS-THROUGHS OF HPN THE ACCOUNTING DEPARTMENT AND PROGRAM MANAGERS MONITOR ALL GRANT ACTIVITY

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 04-3172401
Name: THE HOUSING PARTNERSHIP NETWORK INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACTION- HOUSING INC425 SIXTH AVENUE SUITE 950 PITTSBURGH,PA 15219	25-0965469	501(C)(3)	199,138				HOUSING COUNSELING, FORECLOSURE PROGRAMS
AFFORDABLE HOUSING PARTNERSHIP255 ORANGE STREET ALBANY,NY 12210	14-1724900	501(C)(3)	114,261				HOUSING COUNSELING, FORECLOSURE PROGRAMS
CAPTC4606 SOUTH GARNETT ROAD SUITE 100 TULSA,OK 74146	73-1019247	501(C)(3)	40,000				HOUSING COUNSELING, FORECLOSURE PROGRAMS
CLEVELAND HOUSING NETWORK INC4008 ST CLAIR AVENUE CLEVELAND,OH 44114	34-1346763	501(C)(3)	263,420				HOUSING COUNSELING, FORECLOSURE PROGRAMS
COLUMBUS HOUSING PARTNERSHIP INC562 EAST MAIN STREET COLUMBUS,OH 43215	31-1208260	501(C)(3)	665,751				HOUSING COUNSELING, FORECLOSURE PROGRAMS
COMMUNITY DEVELOPMENT CORPORATION BROWNSVILLE901 EAST LEVEE STREET BROWNSVILLE,TX 78520	74-1835777	501(C)(3)	106,279				HOUSING COUNSELING, FORECLOSURE PROGRAMS
COMMUNITY DEVELOPMENT CORPORATION OF UTAH 501 EAST 1700 SOUTH SALT LAKE CITY,UT 84105	87-0476889	501(C)(3)	145,354				HOUSING COUNSELING, FORECLOSURE PROGRAMS
COMMUNITY HOUSING PARTNERS CORPORATION 930B CAMBRIA STREET NE CHRISTIANBURG,VA 24073	54-1023025	501(C)(3)	21,307				HOUSING COUNSELING, FORECLOSURE PROGRAMS
COMMUNITY SERVICES OF ARIZONA INC76704 NORTH 59TH AVE GLENDALE,AZ 85301	23-7181540	501(C)(3)	159,782				HOUSING COUNSELING, FORECLOSURE PROGRAMS
COMPASS GROUP927 15TH STREET NW SUITE 600 WASHINGTON,DC 20005	54-1873351	501(C)(3)	33,800				HOUSING COUNSELING, FORECLOSURE PROGRAMS
COOP METRICS50 WALNUT AVE BLDG A ANDOVER,MA 01810	20-0179121	501(C)(3)	10,000				HOUSING COUNSELING, FORECLOSURE PROGRAMS
ENTERPRISE CORPORATION OF THE DELTA4 OLD RIVER PLACE JACKSON,MS 39202	64-0851798	501(C)(3)	103,982				HOUSING COUNSELING, FORECLOSURE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HAP INC322 MAIN STREET SPRINGFIELD,MA 01105	04-2518368	501(C)(3)	291,385				HOUSING COUNSELING, FORECLOSURE PROGRAMS
HOME OWNERSHIP CENTER 1000 PAYNE AVENUE SUITE 200 ST PAUL,MN 55130	41-1741817	501(C)(3)	66,991				HOUSING COUNSELING, FORECLOSURE PROGRAMS
HOUSING ASSISTANCE CORPORATION460 WEST MAIN STREET HYANNIS,MA 02601	23-7431255	501(C)(3)	341,720				HOUSING COUNSELING, FORECLOSURE PROGRAMS
HOUSING DEVELOPMENT FUND100 PROSPECT ST SOUTH TOWER SUITE 201 STAMFORD,CT 06901	06-1276156	501(C)(3)	83,770				HOUSING COUNSELING, FORECLOSURE PROGRAMS
HOUSING PARTNERSHIP OF NORTHEAST FLORIDA 4401 EMERSON STREET JACKSONVILLE,FL 32207	59-3106875	501(C)(3)	63,015				HOUSING COUNSELING, FORECLOSURE PROGRAMS
INDIANAPOLIS NEIGHBORHOOD HOUSING PARTNERSHIP3550 N WASHINGTON BOULEVARD INDIANAPOLIS,IN 46205	35-1742559	501(C)(3)	303,130				HOUSING COUNSELING, FORECLOSURE PROGRAMS
LONG ISLAND HOUSING PARTNERSHIP INC180 OSER AVENUE HAUPPAUGE,NY 11788	11-2889068	501(C)(3)	194,700				HOUSING COUNSELING, FORECLOSURE PROGRAMS
METRO COMMUNITY DEVELOPMENT503 SOUTH SAGINAW STREET SUITE 804 FLINT,MI 48502	38-3072010	501(C)(3)	171,540				HOUSING COUNSELING, FORECLOSURE PROGRAMS
METROPOLITAN BOSTON HOUSING PARTNERSHIP INC125 LINCOLN STREET BOSTON,MA 02111	04-2775991	501(C)(3)	54,369				HOUSING COUNSELING, FORECLOSURE PROGRAMS
MISSISSIPPI HOUSING PARTNERSHIP INC1217 NORTH WEST STREET JACKSON,MS 39202	64-0816305	501(C)(3)	127,029				HOUSING COUNSELING, FORECLOSURE PROGRAMS
NATIONAL COMMUNITY STABILIZATION TRUST LLC1325 G ST NW SUITE 500 WASHINGTON,DC 20005	26-3703347	501(C)(3)	6,870				HOUSING COUNSELING, FORECLOSURE PROGRAMS
NATIONAL HOUSING TRUST1101 30TH STREET NW SUITE 400 WASHINGTON,DC 20007	52-1477599	501(C)(3)	1,509				HOUSING COUNSELING, FORECLOSURE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL LOW INCOME (HOUSING)727 15TH STREET NW 6TH FLR WASHINGTON,DC 20005	52-1089824	501(C)(3)	1,000				HOUSING COUNSELING, FORECLOSURE PROGRAMS
NEW ORLEANS NEIGHBORHOOD DEVELOPMENT FOUNDATION4000 BIENVILLE SUITE A NEW ORLEANS,LA 70119	58-1681468	501(C)(3)	63,205				HOUSING COUNSELING, FORECLOSURE PROGRAMS
NEW YORK MORTGAGE COALITION50 BROAD STREET SUITE 1125 NEW YORK,NY 10004	30-0021150	501(C)(3)	219,679				HOUSING COUNSELING, FORECLOSURE PROGRAMS
NHS OF CHICAGO1279 N MILWAUKEE 5TH FLOOR CHICAGO,IL 60622	23-7443009	501(C)(3)	57,000				HOUSING COUNSELING, FORECLOSURE PROGRAMS
THE REINVESTMENT FUND 1700 MARKET STREET 19TH FLOOR PHILADELPHIA,PA 19103	23-2331946	501(C)(3)	11,317				HOUSING COUNSELING, FORECLOSURE PROGRAMS
RELIGIOUS COALITION FOR COMMUNITY RENEWAL 1516 WASHINGTON STREET EAST CHARLESTON,WV 25311	55-0670839	501(C)(3)	34,998				HOUSING COUNSELING, FORECLOSURE PROGRAMS
SAN ANTONIO ALTERNATIVE HOUSING CORPORATION1215 S TRINITY STREET SAN ANTONIO,TX 78207	74-2691645	501(C)(3)	28,685				HOUSING COUNSELING, FORECLOSURE PROGRAMS
SAN ANTONIO HOUSING TRUST FOUNDATION INC PO BOX 15915 2515 BLANCO ROAD SAN ANTONIO,TX 78212	74-2575461	501(C)(3)	38,962				HOUSING COUNSELING, FORECLOSURE PROGRAMS
SANTA FE COMMUNITY HOUSING TRUST1111 AUGUA FRIA STREET SANTA FE,NM 87504	85-0392520	501(C)(3)	43,000				HOUSING COUNSELING, FORECLOSURE PROGRAMS
SOUTH SHORE HOUSING DEVELOPMENT CORPORATION169 SUMMER STREET KINGSTON,MA 02364	23-7131446	501(C)(3)	40,000				HOUSING COUNSELING, FORECLOSURE PROGRAMS
SOUTHWEST MINNESOTA HOUSING PARTNERSHIP 2401 BROADWAY AVENUE - SUITE 4 SLAYTON,MN 56172	41-1721815	501(C)(3)	32,000				HOUSING COUNSELING, FORECLOSURE PROGRAMS
ST AMBROSE HOUSING AID CENTER INC321 EAST 25TH STREET BALTIMORE,MD 21218	52-1729460	501(C)(3)	447,145				HOUSING COUNSELING, FORECLOSURE PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TARRANT COUNTY HOUSING PARTNERSHIP INC3204 COLLINSWORTH STREET FORT WORTH,TX 76107	75-2399903	501(C)(3)	90,514				HOUSING COUNSELING, FORECLOSURE PROGRAMS
THE HOUSING PARTNERSHIP OF CHARLOTTE-MECKLENBURG4601 CHARLOTTE PARK DRIVE SUITE 350 350 CHARLOTTE,NC 28217	56-1620516	501(C)(3)	159,011				HOUSING COUNSELING, FORECLOSURE PROGRAMS
THE HOUSING PARTNERSHIP OF LOUISVILLE333 GUTHRIE GREEN SUITE 404 LOUISVILLE,KY 40202	61-1154315	501(C)(3)	509,431				HOUSING COUNSELING, FORECLOSURE PROGRAMS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE HOUSING PARTNERSHIP NETWORK INC

Employer identification number
04-3172401

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☑ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS BLEDSOE	(i)	275,376	37,500	0	0	40,187	353,063	0
	(ii)	0	0	0	0	0	0	0
(2) JANET SAGLIO	(i)	184,027	14,600	0	0	35,865	234,492	0
	(ii)	0	0	0	0	0	0	0
(3) MARY TINGERTHAL	(i)	204,321	19,400	0	0	22,068	245,789	0
	(ii)	0	0	0	0	0	0	0
(4) CHARLES WEHRWEIN	(i)	185,516	15,600	0	0	40,668	241,784	0
	(ii)	0	0	0	0	0	0	0
(5) W MATTHEW PERRENOD	(i)	163,286	10,900	0	0	28,153	202,339	0
	(ii)	0	0	0	0	0	0	0
(6) PAUL WEECH	(i)	204,546	0	0	0	17,672	222,218	0
	(ii)	0	0	0	0	0	0	0
(7) KATHLEEN FARRELL	(i)	146,384	11,500	0	0	17,406	175,290	0
	(ii)	0	0	0	0	0	0	0
(8) WILLIAM KELSEY	(i)	147,345	10,400	0	0	32,948	190,693	0
	(ii)	0	0	0	0	0	0	0
(9) MARCIA HERTZ	(i)	130,974	0	0	0	29,530	160,504	0
	(ii)	0	0	0	0	0	0	0
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE EMPLOYEE IS REIMBURSED $200 PER MONTH FOR BUSINESS USE OF PERSONAL RESIDENCE
	PART I, LINE 1B	THE EMPLOYEE IS REIMBURSED $200 PER MONTH FOR BUSINESS USE OF PERSONAL RESIDENCE DUE TO THE SMALL DOLLAR AMOUNT OF THIS, THE HOUSING PARTNERSHIP NETWORK DOES NOT HAVE A FORMAL WRITTEN POLICY A FORMAL POLICY WILL BE DEVELOPED IF A LARGER TRANSACTION OCCURS

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE HOUSING PARTNERSHIP NETWORK INC

Employer identification number
04-3172401

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 04-3172401
Name: THE HOUSING PARTNERSHIP NETWORK INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction $	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
THOMAS BLEDSOE	CEO		SEE SCHEDULE O		No
LEXI TURNER	WIFE OF THE CEO		SEE SCHEDULE O		No
DON HINKLE-BROWN	BOARD MEMBER		SEE SCHEDULE O		No
LARRY SWANSON	BOARD MEMBER		SEE SCHEDULE O		No
MARY TINGERTHAL	PRESIDENT, CAPITAL MARKETS		SEE SCHEDULE O		No
KATHLEEN FARRELL	VP FINANCE		SEE SCHEDULE O		No
ANNIE DONOVAN	BOARD CHAIR		SEE SCHEDULE O		No
JANET SAGLIO	CFO AND EXECUTIVE VICE PRESIDENT OF BUSINESS OPERATIONS		SEE SCHEDULE O		No
CHARLES WEHRWEIN	PRESIDENT, HOUSING PARTNERSHIP EXCHANGE		SEE SCHEDULE O		No
WILLIAM PERKINS	BOARD CHAIR THROUGH JUNE 2010, REMAINING ON THE BOARD THROUGH 2010		SEE SCHEDULE O		No
NANCY RASE	BOARD MEMBER		SEE SCHEDULE O		No

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE HOUSING PARTNERSHIP NETWORK INC

Employer identification number
04-3172401

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		THE NETWORK UPDATED ITS BYLAWS DURING 2010 TO ALLOW MEMBERS OF THE NETWORK ELECT MEMBERS OF THE BOARD OF DIRECTORS AT THE ANNUAL MEETING

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		HPN SERVES AS A PEER NETWORK AND BUSINESS ALLIANCE FOR SOME OF THE NATIONS TOP-PERFORMING NONPROFIT HOUSING DEVELOPERS, OWNERS, LENDERS, AND HOUSING COUNSELORS HPN HELPS THESE STRONG, ACCOMPLISHED ORGANIZATIONS INCREASE PRODUCTION AND IMPACT THROUGH A UNIQUE MEMBER-DRIVEN COOPERATIVE THAT SHARES KNOWLEDGE AND INNOVATION, POOLS RESOURCES TO ACCESS THE CAPITAL MARKETS MORE EFFICIENTLY, AND SHAPES POLICY THAT REFLECTS AND ENHANCES THEIR PRACTICE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		NONE OF THE DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY MEMBERS, STOCKHOLDERS, OR OTHER PERSONS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE 990 IS SUBMITTED TO THE AUDIT AND FINANCE COMMITTEE FOR REVIEW AND THEN MADE AVAILABLE TO THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUAL CONFLICT OF INTEREST DISCLOSURE IS USED AND IF ANY ISSUES ARISE THE BOARD IS NOTIFIED IF ISSUES ARISE, THE BOARD MEMBER INVOLVED WILL RECUSE THEMSELVES FROM THE DECISION MAKING PROCESS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE HEWITT STUDY THIS IS A REVIEW OF THE OVERALL COMPETITIVENESS AND STRUCTURE OF THE HOUSING PARTNERSHIP NETWORK'S EXECUTIVE COMPENSATION PROGRAM

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	BY MEANS OF THE INTERNET AND UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	HPN HAS NOT CHANGED ITS FINANCIAL STATEMENT OVERSIGHT PROCESS SINCE 2009

Identifier	Return Reference	Explanation
	FORM 990, SCHEDULE L	THOMAS BLEDSOE- TOM BLEDSOE IS CEO OF THE HOUSING PARTNERSHIP NETWORK (HPN) WHICH HOLDS MANAGEMENT CONTRACTS WITH CHARTER SCHOOL FINANCING PARTNERSHIP LLC (CSFP) MR BLEDSOE IS ON THE BOARD OF MANAGERS OF CSFP MANAGEMENT FEE REVENUE EARNED BY HPN FROM CSFP DURING 2010 WAS $127,540 HPN ADVANCED $15,000,000 OF A DEPARTMENT OF EDUCATION GRANT TO INITIALLY FUND CSFP HPN ALSO ADVANCED $155,780 TO CSFP FOR STARTUP LEGAL AND CONSULTING EXPENSES CSFP OWED HPN $47,067 AS OF DECEMBER 31, 2010 FOR MANAGEMENT FEES HPN ALSO HOLDS MANAGEMENT CONTRACTS WITH HOUSING PARTNERSHIP INSURANCE EXCHANGE (HPIEX) MR BLEDSOE IS ON THE BOARD OF DIRECTORS OF HPIEX MANAGEMENT FEE REVENUE EARNED BY HPN FROM HPIEX DURING 2010 WAS $506,795 HPIEX OWED HPN $142,892 AS OF DECEMBER 31, 2010 MR BLEDSOE IS ALSO A MEMBER OF THE HOUSING PARTNERSHIP VENTURES, INC (HPV) AND THE HOUSING PARTNERSHIP FUND, INC (HPF) BOARDS OF DIRECTORS MANAGEMENT FEE REVENUE EARNED BY HPN FROM HPF WAS $543,345 DURING 2010 HPF OWED HPN $152,731 AS OF DECEMBER 31, 2010 HPF HAS ENTERED INTO A NOTE PAYABLE AGREEMENT WITH HPN HPF OWES HPN $1,250,000 AS OF DECEMBER 31, 2010 HPV HAS ALSO ENTERED INTO A NOTE PAYABLE AGREEMENT WITH HPN HPV OWES HPN $1,000,000 AS OF DECEMBER 31, 2010 MANAGEMENT FEE REVENUE EARNED BY HPN FROM HPV WAS $93,114 DURING 2010 HPV OWED HPN $25,350 AS OF DECEMBER 31, 2010 MR BLEDSOE IS ON THE BOARD OF MANAGERS FOR NATIONAL COMMUNITY STABILIZATION TRUST, LLC (NCST) AND IS THE CHAIR NCST PAID HPN MANAGEMENT AND CONSULTING FEES IN 2010 TOTALING $23,045 AND NCST OWED HPN $1,238 AT YEAR END MR BLEDSOE IS ON THE BOARD OF DIRECTORS FOR HP DIRECT, INC (HPD) HPN HOLDS A MANAGEMENT CONTRACT WITH HPD, AND EARNED $307,203 IN 2010 HP DIRECT OWED HPN $83,419 AT DECEMBER 31, 2010 MR BLEDSOE IS NOT COMPENSATED FOR HIS ROLES ON THE BOARD OF MANAGERS AND BOARDS OF DIRECTORS OF CSFP, HPIEX, HPF, HPV, NCST, AND HPD, RESPECTIVELY LEXI TURNER- MS TURNER IS A MEMBER OF THE STAFF OF HPN IN 2010 SHE HELD THE POSITION OF VICE PRESIDENT, HOUSING PARTNERSHIP EXCHANGE IN THAT POSITION SHE IS RESPONSIBLE FOR THE NETWORK'S BI-ANNUAL MEMBER MEETINGS AND PEER EXCHANGES, MANAGING THE START UP OF A MEMBER BENCHMARKING/DATA WAREHOUSE INITIATIVE MS TURNER'S COMPENSATION IS APPROVED BY THE CHAIRMAN OF THE BOARD MR BLEDSOE IS NOT PRESENT FOR THE DELIBERATIONS OR VOTE ON MS TURNERS COMPENSATION DON HINKLE-BROWN- DON HINKLE-BROWN IS A MEMBER OF THE BOARD OF HPN HPN ADVANCED $15,000,000 OF A DEPARTMENT OF EDUCATION GRANT TO INITIALLY FUND THE CHARTER SCHOOL FINANCING PARTNERSHIP, LLC (CSFP) MR HINKLE-BROWN IS ALSO A MEMBER OF THE CSFP BOARD OF MANAGERS HPN ALSO HOLDS MANAGEMENT CONTRACTS WITH CSFP MANAGEMENT FEE REVENUE EARNED BY HPN FROM CSFP DURING 2010 WAS $127,540 HPN ALSO ADVANCED $155,780 TO CSFP FOR STARTUP LEGAL AND CONSULTING EXPENSES CSFP OWED HPN $47,067 AS OF DECEMBER 31, 2010 FOR MANAGEMENT FEES MR HINKLE BROWN IS ALSO A MEMBER OF THE HOUSING PARTNERSHIP VENTURES, INC (HPV) AND THE HOUSING PARTNERSHIP FUND, INC (HPF) BOARDS OF DIRECTORS MANAGEMENT FEE REVENUE EARNED BY HPN FROM HPV WAS $93,114 DURING 2010 HPV OWED HPN $25,350 AS OF DECEMBER 31, 2010 MANAGEMENT FEE REVENUE EARNED BY HPN FROM HPF WAS $543,345 DURING 2010 HPF OWED HPN $152,731 AS OF DECEMBER 31, 2010 HPF HAS ENTERED INTO A NOTE PAYABLE AGREEMENT WITH HPN HPF OWES HPN $1,250,000 AS OF DECEMBER 31, 2010 HPV HAS ALSO ENTERED INTO A NOTE PAYABLE AGREEMENT WITH HPN HPV OWES HPN $1,000,000 AS OF DECEMBER 31, 2010 MR HINKLE-BROWN IS NOT COMPENSATED FOR HIS ROLES ON THE BOARDS OF CSFP, HPV, HPN, OF HPF LARRY SWANSON- LARRY SWANSON IS A MEMBER OF THE BOARD OF HPN AND BECAME THE CHAIR IN JUNE 2010 HPN HOLDS MANAGEMENT CONTRACTS WITH HOUSING PARTNERSHIP INSURANCE EXCHANGE (HPIEX) MANAGEMENT FEE REVENUE EARNED BY HPN FROM HPIEX DURING 2010 WAS $506,795 MR SWANSON IS ALSO A MEMBER OF THE HPIEX BOARD OF DIRECTORS AS OF DECEMBER 31, 2010, HPIEX OWED HPN $142,892 FOR MANAGEMENT FEES MR SWANSON IS NOT COMPENSATED FOR HIS ROLE ON THE BOARD OF DIRECTORS OF HPIEX MARY TINGERTHAL- MARY TINGERTHAL IS PRESIDENT, CAPITAL MARKETS OF THE HOUSING PARTNERSHIP NETWORK (HPN) WHICH HOLDS MANAGEMENT CONTRACTS WITH CHARTER SCHOOL FINANCING PARTNERSHIP LLC (CSFP) MS TINGERTHAL IS THE PRESIDENT OF CSFP MANAGEMENT FEE REVENUE EARNED BY HPN FROM CSFP DURING 2010 WAS $127,540 HPN ADVANCED $15,000,000 OF A DEPARTMENT OF EDUCATION GRANT TO INITIALLY FUND CSFP HPN ALSO ADVANCED $155,780 TO CSFP FOR STARTUP LEGAL AND CONSULTING EXPENSES CSFP OWED HPN $47,067 AS OF DECEMBER 31, 2010 FOR MANAGEMENT FEES MS TINGERTHAL IS NOT COMPENSATED FOR HER ROLE AS THE PRESIDENT OF CSFP KATHLEEN FARRELL- KATHLEEN FARRELL IS VP FINANCE OF THE HOUSING PARTNERSHIP NETWORK (HPN) WHICH HOLDS MANAGEMENT CONTRACTS WITH CHARTER SCHOOL FINANCING PARTNERSHIP LLC (CSFP) MS FARRELL IS AN OFFICER OF CSFP MANAGEMENT FEE REVENUE EARNED BY HPN FROM CSFP DURING 2010 WAS $127,540 HPN ADVANCED $15,000,000 OF A DEPARTMENT OF EDUCATION GRANT TO INITIALLY FUND CSFP HPN ALSO ADVANCED $155,780 TO CSFP FOR STARTUP LEGAL AND CONSULTING EXPENSES CSFP OWED HPN $47,067 AS OF DECEMBER 31, 2010 FOR MANAGEMENT FEES MS FARRELL IS NOT COMPENSATED FOR HER ROLE AS AN OFFICER OF THE CSFP BOARD ANNIE DONOVAN- ANNIE DONOVAN IS A MEMBER OF THE BOARD OF HPN AND BECAME VICE CHAIR IN JUNE 2010 HPN ADVANCED $15,000,000 OF A DEPARTMENT OF EDUCATION GRANT TO INITIALLY FUND THE CHARTER SCHOOL FINANCING PARTNERSHIP, LLC (CSFP) MS DONOVAN IS ALSO THE CHAIR OF THE CSFP BOARD OF MANAGERS HPN ALSO HOLDS MANAGEMENT CONTRACTS WITH CSFP MANAGEMENT FEE REVENUE EARNED BY HPN FROM CSFP DURING 2010 WAS $127,540 HPN ALSO ADVANCED $155,780 TO CSFP FOR STARTUP LEGAL AND CONSULTING EXPENSES CSFP OWED HPN $47,067 AS OF DECEMBER 31, 2010 FOR MANAGEMENT FEES MS DONOVAN IS NOT COMPENSATED FOR HER ROLE ON THE BOARD OF MANAGERS OF CSFP JANET SAGLIO- JANET SAGLIO IS THE CFO AND EXECUTIVE VICE PRESIDENT OF BUSINESS OPERATIONS OF THE HOUSING PARTNERSHIP NETWORK (HPN) WHICH HOLDS MANAGEMENT CONTRACTS WITH HOUSING PARTNERSHIP INSURANCE EXHANGE (HPIEX) MS SAGLIO IS THE TREASURER OF HPIEX MANAGEMENT FEE REVENUE EARNED BY HPN FROM HPIEX DURING 2010 WAS $506,795 HPIEX OWED HPN $142,892 AS OF DECEMBER 31, 2010 FOR MANAGEMENT FEES MS SAGLIO IS NOT COMPENSATED FOR HER ROLE AS AN OFFICER OF HPIEX HPN HOLDS MANAGEMENT CONTRACTS WITH HOUSING PARTNERSHIP DIRECT (HPD) MS SAGLIO IS THE TREASURER OF HPD MANAGEMENT FEE REVENUE EARNED BY HPN FROM HPD DURING 2010 WAS $307,203 HPD OWED HPN $83,418 AS OF DECEMBER 31, 2010 FOR MANAGEMENT FEES MS SAGLIO IS NOT COMPENSATED FOR HER ROLE AS AN OFFICER OF HPD CHARLES WEHRWEIN- CHARLES WEHRWEIN IS PRESIDENT OF HOUSING PARTNERSHIP INSURANCE EXCHANGE (HPIEX) FOR HPN HPN HOLDS MANAGEMENT CONTRACTS WITH HPIEX MANAGEMENT FEE REVENUE EARNED BY HPN FROM HPIEX DURING 2010 WAS $506,795 AS OF DECEMBER 31, 2010, HPIEX OWED HPN $142,892 FOR MANAGEMENT FEES MR WEHRWEIN IS NOT COMPENSATED FOR HIS ROLE AS PRESIDENT OF HPIEX HPN HOLDS MANAGEMENT CONTRACTS WITH HOUSING PARTNERSHIP DIRECT (HPD) MR WEHRWEIN IS THE PRESIDENT OF HPD MANAGEMENT FEE REVENUE EARNED BY HPN FROM HPD DURING 2010 WAS $307,203 HPD OWED HPN $83,418 AS OF DECEMBER 31, 2010 FOR MANAGEMENT FEES MR WEHRWEIN IS NOT COMPENSATED FOR HIS ROLE AS AN OFFICER OF HPD WILLIAM PERKINS- MR PERKINS WAS CHAIR OF THE HPN BOARD OF DIRECTORS FOR PART OF THE YEAR AND THEN REMAINED A DIRECTOR FOR THE REMAINDER OF THE YEAR MR PERKINS IS ALSO A MEMBER OF THE HOUSING PARTNERSHIP VENTURES, INC (HPV) AND THE HOUSING PARTNERSHIP FUND, INC (HPF) BOARDS OF DIRECTORS MANAGEMENT FEE REVENUE EARNED BY HPN FROM HPV WAS $93,114 DURING 2010 HPV OWED HPN $25,350 AS OF DECEMBER 31, 2010 MANAGEMENT FEE REVENUE EARNED BY HPN FROM HPF WAS $543,345 DURING 2010 HPF OWED HPN $152,731 AS OF DECEMBER 31, 2010 HPF HAS ENTERED INTO A NOTE PAYABLE AGREEMENT WITH HPN HPF OWES HPN $1,250,000 AS OF DECEMBER 31, 2010 HPV HAS ALSO ENTERED INTO A NOTE PAYABLE AGREEMENT WITH HPN HPV OWES HPN $1,000,000 AS OF DECEMBER 31, 2010 MR PERKINS IS NOT COMPENSATED FOR HIS ROLES ON THE BOARDS OF HPV, HPN, OF HPF NANCY RASE- MS RASE IS THE CHAIR OF HOUSING PARTNERSHIP DIRECT'S BOARD OF DIRECTORS HPN HOLDS MANAGEMENT CONTRACTS WITH HOUSING PARTNERSHIP DIRECT (HPD) MANAGEMENT FEE REVENUE EARNED BY HPN FROM HPD DURING 2010 WAS $307,203 HPD OWED HPN $83,418 AS OF DECEMBER 31, 2010 FOR MANAGEMENT FEES MS RASE IS NOT COMPENSATED FOR HER ROLE AS AN OFFICER OF HPD

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE HOUSING PARTNERSHIP NETWORK INC

Employer identification number
04-3172401

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

(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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) THE HOUSING PARTNERSHIP FUND INC 160 STATE STREET 5TH FL BOSTON, MA 02109 04-3484336	FINANCING & LENDING	MA	501(C)(3)	9	HOUSING PARTNERSHIP NETWORK		No
(2) THE HOUSING PARTNERSHIP VENTURES INC 160 STATE STREET 5TH FL BOSTON, MA 02109 20-0809596	LOAN & OTHER FUNDING ALTERNATIVES	MA	501(C)(3)	11A	HOUSING PARTNERSHIP NETWORK		No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) 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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign 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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization 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** Yes	
b	Gift, grant, or capital contribution to other organization(s)	**1b**	No
c	Gift, grant, or capital contribution from other organization(s)	**1c**	No
d	Loans or loan guarantees to or for other organization(s)	**1d** Yes	
e	Loans or loan guarantees by other organization(s)	**1e**	No
f	Sale of assets to other organization(s)	**1f**	No
g	Purchase of assets from other organization(s)	**1g**	No
h	Exchange of assets	**1h**	No
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	No
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	No
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k** Yes	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	No
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	No
n	Sharing of paid employees	**1n**	No
o	Reimbursement paid to other organization for expenses	**1o**	No
p	Reimbursement paid by other organization for expenses	**1p**	No
q	Other transfer of cash or property to other organization(s)	**1q**	No
r	Other transfer of cash or property from other organization(s)	**1r**	No

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE HOUSING PARTNERSHIP FUND INC	K	543,345	FAIR MARKET VALUE
(2) THE HOUSING PARTNERSHIP VENTURES INC	K	93,114	FAIR MARKET VALUE
(3) THE HOUSING PARTNERSHIP FUND INC	D	1,250,000	FAIR MARKET VALUE
(4) THE HOUSING PARTNERSHIP VENTURES INC	D	1,000,000	FAIR MARKET VALUE
(5) THE HOUSING PARTNERSHIP FUND INC	A	32,269	FAIR MARKET VALUE
(6)			

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

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

(a) 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?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) CHARTER SCHOOL FINANCING PARTNERSHIP LLC 160 STATE STREET 5TH FLBOSTON, MA02109 26-1521682	FINANCING EDUCATIONAL RELATED ACTIVTIES	DE	Yes				No			No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 04-3172401
Name: THE HOUSING PARTNERSHIP NETWORK INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
LISA ALBERGHINI DIRECTOR	1 00	X						0	0	0
NANCY ANDREWS DIRECTOR AND TREASURER	1 50	X		X				0	0	0
THOMAS BLEDSOE DIRECTOR AND PRESIDENT AND	40 00	X		X		X		312,876	0	40,187
ANNIE DONOVAN DIRECTOR AND VICE CHAIRMAN	1 00	X		X				0	0	0
DONALD HINKLE-BROWN DIRECTOR	1 50	X						0	0	0
PAUL FATE DIRECTOR	1 00	X						0	0	0
HUNTER JOHNSON DIRECTOR	1 00	X						0	0	0
KATE MONTER-DURBAN DIRECTOR	1 00	X						0	0	0
WILLIAM PERKINS DIRECTOR, FORMER CHAIRMAN	1 50	X						0	0	0
J MICHAEL PITCHFORD DIRECTOR	1 00	X						0	0	0
NANCY RASE DIRECTOR	1 00	X						0	0	0
HIPOLITO ROLDAN DIRECTOR	1 00	X						0	0	0
BRIAN SHUMAN DIRECTOR	1 00	X						0	0	0
LAWRENCE SWANSON DIRECTOR AND CHAIRMAN	1 00	X		X				0	0	0
DEE WALSH DIRECTOR	1 00	X						0	0	0
CALVIN HOLMES DIRECTOR	1 00	X						0	0	0
ROBIN HUGHES DIRECTOR	1 00	X						0	0	0
MICHAEL MULLIN DIRECTOR	1 00	X						0	0	0
JOHN O'CALLAGHAN DIRECTOR	1 00	X						0	0	0
CYNTHIA A PARKER DIRECTOR	1 00	X						0	0	0
PETER GAGLIARDI DIRECTOR	1 00	X						0	0	0
PATRICIA GARRETT DIRECTOR	1 00	X						0	0	0
F LYNN LUALLEN DIRECTOR	1 00	X						0	0	0
JANET SAGLIO CFO, CLERK	40 00			X		X		198,627	0	35,865
MARY TINGERTHAL PRESIDENT, CAPITAL MARKET	40 00				X	X		223,721	0	22,068

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
CHARLES WEHRWEIN PRESIDENT, HOUSING PARTNER	40 00				X	X		201,116	0	40,668
W MATTHEW PERRENOD CHIEF LENDING OFFICER	40 00				X	X		174,186	0	28,153
PAUL WEECH VP OF POLICY AND MEMBER MANAGEMENT	40 00				X	X		204,546	0	17,672
VIRGINIA W MARA DIRECTOR REAL ESTATE FINANCE	40 00					X		104,917	0	23,099
KATHLEEN FARRELL VP OF FINANCE	40 00					X		157,884	0	17,406
WILLIAM KELSEY VP OF COLLABORATIVE ENTERPRISES	40 00					X		157,745	0	32,948
MARCIA HERTZ VP OF COMMUNICATION AND RESOURCE DEVELOPMENT	40 00					X		130,974	0	29,530