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** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Demployer identification number	HOUSING INITIATIVE PARTNERSHIP, INC.	Α	For the	\pm 2016 calendar year, or tax year beginning $$ JUL $1,$ 2016 $$ and enc	ding J	<u>UN 30, 2017</u>	
Doing business as S2-1596171	Doing business as	В	Check if applicable	C Name of organization		D Employer identific	cation number
Doing business as S2-1596171	Doing business as		Addres	HOUSING INITIATIVE PARTNERSHIP, INC.			
Number and street (NP J.) box if mails in to flowledge in street address) Football	Number and street (of Y-U.) both finals is not delivered at our street aboutines) S55 C30 SELECREST ROAD City or town, state or province, country, and 2IP or foreign postal code Ay 73, 656.		Name change			52-1	596171
Style or town, state or province, country, and 2P or foreign postal code Revenue	Style or town, state or province, country, and 2P or foreign postal code Conserveises Cons		return	6525 DELCDECH DOND			
Start Star	SAME AS C ABOVE Tax-exempts status: X Solic(s) \$\sqrt{\$\] solic(s) \$\sqrt{\$\]}\$ (insertinal) \$\sqrt{\$\]}\$ (which is absorbinates roluteer) \$\sqrt{\$\]}\$ (which is absorbinate roluteer) \$\sqrt{\$\]}\$ (which is absorbinates roluteer) \$\sqrt{\$\]}\$ (which is absorbinate roluteer) \$\sqrt{\$\]}\$ (which is absorbinates roluteer) \$\sqrt{\$\]}\$ (which is absorbinate roluteer) \$\sqrt{\$\]}\$ (which is absorbinate roluteer) \$\sqrt{\$\]}\$ (which is absorbinates roluteer) \$\sqrt{\$\]}\$ (which is absorbin		termin- ated	City or town, state or province, country, and ZIP or foreign postal code			
SAME AS C ABOVE	SAME AS C ABOVE					1	
Website: ▶ WWW. HTPHOMES - ORG	J. Website: ▶ WWW. HIPHOMES. ORG Trust		pendin	SAME AS C ABOVE			
Part Summary	Part Summary 1 Summary 1 Summary 2 Check this box If the organization is mission or most significant activities: SEE SCHEDULE O 3 1 1 1 1 1 1 1 1 1	<u> 1</u>	Tax-exe	empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) or L	527	If "No," attach a	list. (see instructions)
Breffly describe the organization's mission or most significant activities: SEE SCHEDULE O	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O 2						
Brieffy describe the organization's mission or most significant activities: SEE SCHEDULE O	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O				L Year o	of formation: 1989 N	N State of legal domicile: MD
2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 1.1 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 1.1 5 Total number of individuals employed in calendar year 2016 (Part VI, line 1b) 6 2.0 6 Total number of voting members of the governing body (Part VI, line 1b) 6 2.0 7 Total number of voting members of the governing body (Part VI, line 1b) 6 2.0 8 Contributions and grants (Part VIII, line 1coversary) 7 To 10 9 Program service revenue (Part VIII, line 1b) 2.7 945, 855. 2.7562, 876. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2.7 945, 855. 2.7562, 876. 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) -660, 0.83 -715, 513. 11 Other revenue (Part VIII, column (A), lines 5, 68, 8c, 9c, 10c, and 11e) 2.7 524, 396. 2.141, 228. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2.7, 0.0 48, 539. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 2.7, 0.0 48, 539. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1, 1, 27, 517. 1, 1, 73, 710. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 15 Total fundraising expenses (Part IX, column (A), line 11e) 0. 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 15) 1, 27, 517. 1, 1173, 710. 16a Professional fundraising fees (Part IX, column (A), line 25) 103, 571. 17 Other expenses (Part IX, column (A), line 11e) 0. 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2, 117, 559. 1, 814, 238. 19 Revenue less expenses. Subtract line 18 from line 12 1, 164, 238. 20 Total assets (Part X, line 26) 1, 83, 492, 383. 3, 921, 695. 21 Total laibilities (Part X, line 26) 1, 84, 238. 1, 800, 395. 22 Net assets or fund balances. Subt	2 Check this box	P					
B Net unrelated business taxable income from Form 990-T, line 34 To U .	B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	ě	1	Briefly describe the organization's mission or most significant activities: ${f SEE SC}$	HEDU	LE O	
B Net unrelated business taxable income from Form 990-T, line 34 To Unremot Year Current Year Signature Block Print Year Print Year Print Year Preparer Signature David Dinkes Date Print Year Print Year Preparer Signature David Dinkes Print Year Preparer Signature Preparer Signature Print Year Print Signature	B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	and					
B Net unrelated business taxable income from Form 990-T, line 34 To Unremot Year Current Year Signature Block Print Year Print Year Print Year Preparer Signature David Dinkes Date Print Year Print Year Preparer Signature David Dinkes Print Year Preparer Signature Preparer Signature Print Year Print Signature	B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	ern		· · · · · · · · · · · · · · · · · · ·			
B Net unrelated business taxable income from Form 990-T, line 34 To Unremot Year Current Year Signature Block Print Year Print Year Print Year Preparer Signature David Dinkes Date Print Year Print Year Preparer Signature David Dinkes Print Year Preparer Signature Preparer Signature Print Year Print Signature	B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	Š					
B Net unrelated business taxable income from Form 990-T, line 34 To Unremot Year Current Year Signature Block Print Year Print Year Print Year Preparer Signature David Dinkes Date Print Year Print Year Preparer Signature David Dinkes Print Year Preparer Signature Preparer Signature Print Year Print Signature	B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	∞ ∞	4	Number of independent voting members of the governing body (Part VI, line 1b) \dots			
B Net unrelated business taxable income from Form 990-T, line 34 To Unremot Year Current Year Signature Block Print Year Print Year Print Year Preparer Signature David Dinkes Date Print Year Print Year Preparer Signature David Dinkes Print Year Preparer Signature Preparer Signature Print Year Print Signature	B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	
B Net unrelated business taxable income from Form 990-T, line 34 To Unremot Year Current Year Signature Block Print Year Print Year Print Year Preparer Signature David Dinkes Date Print Year Print Year Preparer Signature David Dinkes Print Year Preparer Signature Preparer Signature Print Year Print Signature	B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	Σį	6	Total number of volunteers (estimate if necessary)		6	
B Net unrelated business taxable income from Form 990-T, line 34 To Unremot Year Current Year Signature Block Print Year Print Year Print Year Preparer Signature David Dinkes Date Print Year Print Year Preparer Signature David Dinkes Print Year Preparer Signature Preparer Signature Print Year Print Signature	B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	dct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	
8	8 Contributions and grants (Part VIII, line 1h) 2,945,855 2,562,876 2 9 Program service revenue (Part VIII, line 2g) 237,600 293,665 2 10 10 10 10 10 10 10	_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
9	9						
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue ⋅ add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1·3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 29 Net assets or fund balances. Subtract line 21 from line 20 20 Total assets (Part X, line 26) 30 Net assets or fund balances. Subtract line 21 from line 20 30 Net assets or fund balances. Subtract line 21 from line 20 31 Net assets or fund balances. Subtract line 21 from line 20 32 Net assets or fund balances. Subtract line 21 from line 20 33 Net assets or fund balances. Subtract line 21 from line 20 34 Net assets or fund balances. Subtract line 21 from line 20 35 Net assets or fund balances. Subtract line 21 from line 20 36 Net assets or fund balances. Subtract line 21 from line 20 36 Net assets or fund balances. Subtract line 21 from line 20 36 Net assets or fund balances. Subtract line 21 from line 20 37 Net assets or fund balances. Subtract line 21 from line 20 38 Net assets or fund balances. Subtract line 21 from line 20 39 Net assets o	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue ⋅ add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1·3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), lines 11·1.11 (1.11-24e) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 10 Total liabilities (Part X, line 26) 11 Total liabilities (Part X, line 26) 12 Net assets or fund balances. Subtract line 21 from line 20 11 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 bellef, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name DAVID JONES Preparer Use Only Print/Type preparer's name DAVID JONES Proparer Use Only Primts address 10500 LITTLE PATUXENT PARKWAY, SUITE 770	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	enc	9	Program service revenue (Part VIII, line 2g)			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue ⋅ add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1·3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), lines 11·1.11 (1.11-24e) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 10 Total liabilities (Part X, line 26) 11 Total liabilities (Part X, line 26) 12 Net assets or fund balances. Subtract line 21 from line 20 11 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 bellef, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name DAVID JONES Preparer Use Only Print/Type preparer's name DAVID JONES Proparer Use Only Primts address 10500 LITTLE PATUXENT PARKWAY, SUITE 770	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			-715,513.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 27,000 .	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 27,000. 48,539. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,127,517. 1,173,710. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 0. 0. 0. 0. 0	ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,127,517. 1,173,710.	14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (D), line 11e) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 3		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,127,517. 1,173,710. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			48,539.
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	16a Professional fundraising fees (Part IX, column (A), line 11e) 0		14	Benefits paid to or for members (Part IX, column (A), line 4)			
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 0 b Total fundraising expenses (Part IX, column (D), line 25) 103,571 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 963,042 591,989 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,117,559 1,814,238 19 Revenue less expenses. Subtract line 18 from line 12 406,837 326,790 20 Total assets (Part X, line 16) 3,492,383 3,921,695 21 Total liabilities (Part X, line 26) 1,608,448 1,800,397 22 Net assets or fund balances. Subtract line 21 from line 20 1,883,935 2,121,298 Part II Signature Block	16a Professional fundraising fees (Part IX, column (A), line 11e) 0	S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,127,517.	1,173,710.
17 Other expenses (Part IX, Column (A), lines 11a-11d, Tir-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances 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. Signature of officer MARYANN DILLON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Firm's name JONES, MARESCA & MCQUADE, P.A. Firm's saddress 10500 LITTLE PATUXENT PARKWAY, SUITE 770	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Interpretation 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 MARYANN DILLON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Firm's name DAVID JONES Firm's name JONES, MARESCA & MCQUADE, P.A. Firm's name Firm's name Firm's address 10500 LITTLE PATUXENT PARKWAY, SUITE 770 COLUMBIA, MD 21044 Phone no.410-884-0220	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
17 Otner expenses (Part IX, column (A), lines 11a-11d, Tir-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total lassets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 29 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 21 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 21 Net assets or fund balances. Subtract line 21 from line 20 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 29 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 21 Net assets or fund balances. Subtract line 21 from line 20 22 Net assets or fund balances. Su	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Interpretation 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 MARYANN DILLON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Firm's name JONES, MARESCA & MCQUADE, P.A. Firm's name JONES, MARESCA & MCQUADE, P.A. Firm's saddress 10500 LITTLE PATUXENT PARKWAY, SUITE 770 COLUMBIA, MD 21044 Phone no.410-884-0220	ç	b ·	Total fundraising expenses (Part IX, column (D), line 25) > 103,571			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,117,559. 1,814,238. 19 Revenue less expenses. Subtract line 18 from line 12 406,837. 326,790. 20 Total assets (Part X, line 16) 3,492,383. 3,921,695. 21 Total liabilities (Part X, line 26) 1,608,448. 1,800,397. 22 Part II Signature Block	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2, 117, 559. 1, 814, 238. 19 Revenue less expenses. Subtract line 18 from line 12 406, 837. 326, 790.	Ш	17				
19 Revenue less expenses. Subtract line 18 from line 12 406,837. 326,790.	19 Revenue less expenses. Subtract line 18 from line 12 406,837. 326,790.						
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 MARYANN DILLON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Date Print/Type preparer's name Date Preparer's signature Print/Type preparer's name DAVID JONES Firm's name JONES, MARESCA & MCQUADE, P.A. Firm's EIN 52-1853933 Bign PTIN Firm's address Firm's addres	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 MARYANN DILLON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Preparer Use Only Firm's name JONES, MARESCA & MCQUADE, P.A. Firm's EIN Firm's EIN Firm's EIN Firm's EIN Phone no.410-884-0220		19			406,837.	326,790.
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 MARYANN DILLON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Date Print/Type preparer's name Date Preparer's signature Print/Type preparer's name DAVID JONES Firm's name JONES, MARESCA & MCQUADE, P.A. Firm's EIN 52-1853933 Bign PTIN Firm's address Firm's addres	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 MARYANN DILLON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Preparer Use Only Firm's name JONES, MARESCA & MCQUADE, P.A. Firm's EIN Firm's EIN Firm's EIN Firm's EIN Phone no.410-884-0220	OF	8		Be		
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 MARYANN DILLON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Date Print/Type preparer's name Date Preparer's signature Print/Type preparer's name DAVID JONES Firm's name JONES, MARESCA & MCQUADE, P.A. Firm's EIN 52-1853933 Bign PTIN Firm's address Firm's addres	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 MARYANN DILLON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Preparer Use Only Firm's name JONES, MARESCA & MCQUADE, P.A. Firm's EIN Firm's EIN Firm's EIN Firm's EIN Phone no.410-884-0220	sets	20	Total assets (Part X, line 16)			
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 MARYANN DILLON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Date Print/Type preparer's name Date Preparer's signature Print/Type preparer's name DAVID JONES Firm's name JONES, MARESCA & MCQUADE, P.A. Firm's EIN 52-1853933 Bign PTIN Firm's address Firm's addres	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 MARYANN DILLON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Preparer Use Only Firm's name JONES, MARESCA & MCQUADE, P.A. Firm's EIN Firm's EIN Firm's EIN Firm's EIN Phone no.410-884-0220	ASS	21	Total liabilities (Part X, line 26)			
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 MARYANN DILLON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Date Print/Type preparer's name Date Preparer's signature Print/Type preparer's name DAVID JONES Firm's name JONES, MARESCA & MCQUADE, P.A. Firm's EIN 52-1853933 Bign PTIN Firm's address Firm's addres	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 MARYANN DILLON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Preparer Use Only Firm's name JONES, MARESCA & MCQUADE, P.A. Firm's EIN Firm's EIN Firm's EIN Firm's EIN Phone no.410-884-0220	File	22	Net assets or fund balances. Subtract line 21 from line 20		1,883,935.	2,121,298.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here MARYANN DILLON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Preparer Use Only Firm's name JONES, MARESCA & MCQUADE, P.A. Firm's EIN 52-1853933 Firm's address 10500 LITTLE PATUXENT PARKWAY, SUITE 770	true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here MARYANN DILLON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Preparer Use Only Firm's name JONES, MARESCA & MCQUADE, P.A. Firm's address 10500 LITTLE PATUXENT PARKWAY, SUITE 770 COLUMBIA, MD 21044 Pind Print/Type preparer is signature Preparer Signature Date Check PTIN Firm's EIN Firm's EIN Firm's EIN Phone no.410-884-0220	Pa	art II	Signature Block			
Sign Here Signature of officer Date MARYANN DILLON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Preparer Firm's name JONES, MARESCA & MCQUADE, P.A. Firm's EIN 52-1853933 Use Only Firm's address 10500 LITTLE PATUXENT PARKWAY, SUITE 770	Sign Here MARYANN DILLON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name DAVID JONES Preparer Use Only Firm's name JONES, MARESCA & MCQUADE, P.A. Firm's address 10500 LITTLE PATUXENT PARKWAY, SUITE 770 COLUMBIA, MD 21044 Potential Date Check Firm's Ello Firm's Ello Firm's Ello Firm's Ello Phone no.410-884-0220	Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules an	id stateme	ents, and to the best of m	y knowledge and belief, it is
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COLUMBIA MD 21044 Phone no 410-884-0220		200	·y				0-884-0220
	Mark the trie disease this territ with the preparet showl above usee mannenging.	Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)		[1 Holle Ho. 2 2	X Yes No

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	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 X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 901,235 • including grants of \$ 48,539 •) (Revenue \$ 36,826 •) HOUSING COUNSELING - SEE SCHEDULE O •
4b	(Code:) (Expenses \$ 335,774 • including grants of \$ 0 •) (Revenue \$) FACADE IMPROVEMENT - SEE SCHEDULE O
4c	(Code:) (Expenses \$ 136,598 · including grants of \$) (Revenue \$ -715,553 ·) SINGLE FAMILY DEVELOPMENT - SEE SCHEDULE O
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 166,622 • including grants of \$) (Revenue \$ 256,839 •)
4e	Total program service expenses ► 1,540,229.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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		X
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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	امدا		v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا ا		v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مر ا		v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	23a		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cohodula I Doubl	25b		X
26		230		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
07		26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Α.
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):	00		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_ A
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			37
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l _
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					Ш
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	15			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				37	
	(gambling) winnings to prize winners?	 I	 I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	l .	20			
	filed for the calendar year ending with or within the year covered by this return		20		v	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions					Х
	-			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		aller a comme	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		x
h	If "Yes," enter the name of the foreign country:	accou	iii) ?	44		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	\ccour	nte (FRAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.			5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
-	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
				9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	-14	I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
р 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	נוטו	l			
		11a				
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	114				
~	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		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	_				
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b		
				Form	990	(2016)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 1			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MD			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (ıvailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	HOUSING INITIATIVE PARTNERSHIP - 301-699-3835			
	6526 BELCREST ROAD, SUITE 556, HYATTSVILLE, MD 20786			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average		not c		more	than		Reportable	Reportable	Estimated
	hours per week	box offi	, unle cer an	ss pe ıd a d	rson irecto	is bot or/trus	h an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC)	from the
	related	stee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	altrus	onal tr		loyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) MEL THOMPSON	2.00	트	드	6	3	王亩	윤			
CHAIR		x		x				0.	0.	0
(2) JAY ENDELMAN	2.00									
VICE-CHAIR	0.50	X		х				0.	0.	0
(3) ARI SCHNITZER	1.50									
TREASURER		Х		Х				0.	0.	0
(4) ANNE BALCER	1.50									
SECRETARY		Х		Х				0.	0.	0
(5) MARTIN MELLETT	1.00									
BOARD MEMBER		Х						0.	0.	0
(6) SAMUEL PARKER	1.00	ļ								
BOARD MEMBER		Х						0.	0.	0
(7) DERRICK PERKINS	1.00	١,,							_	_
BOARD MEMBER		Х						0.	0.	0
(8) ALEXIA CLARK	1.00	₩.						0.	0.	0
BOARD MEMBER (9) REGINALD G. EXUM	1.00	Х						0.	0.	U
(9) REGINALD G. EXUM BOARD MEMBER		X						0.	0.	0
(10) MICHELLE S. PITTMAN	1.00	^						0.	0.	
BOARD MEMBER		X						0.	0.	0
(11) PEGGY SAND	2.00							-	•	
BOARD MEMBER	0.50	\mathbf{x}						0.	0.	0
(12) MARYANN DILLON	35.50	 								
EXECUTIVE DIRECTOR	2.00	1		х				145,158.	0.	813
		1								
		_				_				
		1								
										- 000 (aa4

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos	ition	than	one	Reportable	Reportable	,	Es	timate	:d
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	on	an	nount	of
		week	\vdash	cer an	na a a	Irecto	or/trus	itee)	from	from related			other	
		(list any	ector						the	organization			pensa	
		hours for related	or di	g.			ated		organization	(W-2/1099-MI	SC)		om the	
		organizations	ustee	truste		eo	bens		(W-2/1099-MISC)			•	anizati	
		below	ual tr	ional		ploye	tcom	١.					d relati anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ai iizatii	5115
		,	드	드	0	포	Ξē	프						
											-			
											-			
1h	Sub-total								145,158.		0.		8	13.
	Sub-total Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								145,158.		0.		8	13.
2	Total number of individuals (including but n									0.000 of reportab	-			
	compensation from the organization						,							1
	•												Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual			-	•	•					3		Х
4	For any individual listed on line 1a, is the su	um of reportab												
	and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J 1	for such individual	· ·		4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of cor	npensa	ation 1	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
	(A)								(B)		_	(0		
	Name and business			- ^ -	1			_	Description of s	services		ompe	nsatio	1
עט	CLARK PROFESSIONAL SEI	KVICES,	0;	501	L						i			

WALKER MILL ROAD, CAPITAL HEIGHTS, MD CONSTRUCTION 585,507. KEN CRAFT BUILDERS 8750 NORMAL SCHOOL ROAD, BOWIE, MD 20715 CONSTRUCTION 172,155.

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

Pa	rt VI	III Statement of Reven	nue					
		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	a Federated campaigns	1a	1,040.				
iour our	k	b Membership dues	1b					
is, ((c Fundraising events	1c					
Gif	(d Related organizations	1d					
ns,	•	e Government grants (contributi	ions) 1e	2,107,633.				
er itio	f	f All other contributions, gifts, grant	ts, and					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abov	/e 1f	454,203.				
ont od (ç	g Noncash contributions included in lines	1a-1f: \$					
<u>ā Č</u>	ŀ	h Total. Add lines 1a-1f			2,562,876.			
				Business Code				
ice	2 8			531390	216,839.	216,839.		
Program Service Revenue	k	b MANAGEMENT FEE		531310	40,000.	40,000.		
m S	•	c PROGRAM INCOME		531390	36,826.	36,826.		
gra	(d						
ro		e						
-		f All other program service rever			202 665			
-		g Total. Add lines 2a-2f			293,665.			
	3	Investment income (including			40.			40.
	4	other similar amounts)			±0.			10.
	5	Royalties	•	·				
	3	noyalies	(i) Real	(ii) Personal				
	6 a	a Gross rents	(i) Heai	(ii) i ersoriai				
	_	b Less: rental expenses		\vdash				
		c Rental income or (loss)						
		d Net rental income or (loss)						
		a Gross amount from sales of	(i) Securities	(ii) Other				
	-	assets other than inventory		1,617,075.				
	k	b Less: cost or other basis						
		and sales expenses		2,332,628.				
	(c Gain or (loss)		-715,553.				
	(d Net gain or (loss)			-715,553.	-715,553.		
<u>o</u>	8 8	a Gross income from fundraising	g events (not					
Revenue		including \$	of	1 1				
3eV		contributions reported on line	1c). See	1 1				
ē		Part IV, line 18						
Other		b Less: direct expenses						
		c Net income or (loss) from fund		>				
	9 a	a Gross income from gaming ac		1 1				
		Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gam						
	10 a	a Gross sales of inventory, less		.				
		and allowances						
		b Less: cost of goods sold						
		c Net income or (loss) from sales Miscellaneous Revenue		Business Code				
	11 a		<u> </u>	Duaniess Code				
		a b						
		c						
		d All other revenue						
		e Total. Add lines 11a-11d						
	12	Total revenue See instructions		······ []	2 141 028	-421 888.	0.	40.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	01 520	01 500		
	and domestic governments. See Part IV, line 21	21,539.	21,539.		
2	Grants and other assistance to domestic	27 222	27 200		
	individuals. See Part IV, line 22	27,000.	27,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	150 004	00 000	20 121	20 054
	trustees, and key employees	150,084.	82,099.	38,131.	29,854
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	055 206	702 407	04 770	47 040
7	Other salaries and wages	855,306.	783,487.	24,779.	47,040.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	00 340	75 010	4 400	7 050
9	Other employee benefits	87,347.	75,818.	4,476.	7,053.
10	Payroll taxes	80,973.	69,637.	4,283.	7,053.
11	Fees for services (non-employees):				
а	Management				
b	Legal	FF 400			
С	Accounting	75,400.		75,400.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	0 400	T 040	1 101	
	column (A) amount, list line 11g expenses on Sch O.)	8,429.	7,248.	1,181. 5,430.	
12	Advertising and promotion	5,430.	70.064	5,430.	0 605
13	Office expenses	82,401.	70,864.	8,932.	2,605.
14	Information technology	17,880.	15,376.	1,074.	1,430.
15	Royalties	74 447	C4 024	4 4 6 7	F 0FC
16	Occupancy	74,447.	64,024.	4,467.	5,956.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	E02		E02	
19	Conferences, conventions, and meetings	593. 23.	23.	593.	
20	Interest	۷۵۰	43.		
21	Payments to affiliates	5,581.	4,799.	336.	115
22	Depreciation, depletion, and amortization	21,424.	18,424.	1,286.	446. 1,714.
23	Insurance Other avagage Itemize avagage not sovered	41,444.	10,444.	1,400.	1,/14
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	FACADE IMPROVEMENT	267,911.	267,911.		
b	TRAINING	19,474.	19,474.		
С	COMMUNITY & RESIDENT SE	11,411.	11,086.		325.
d	REPAIRS AND MAINTENANCE	1,185.	1,020.	70.	95.
е	All other expenses	400.	400.		
25	Total functional expenses. Add lines 1 through 24e	1,814,238.	1,540,229.	170,438.	103,571.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,043,231.	1	1,686,984.
	2	Savings and temporary cash investments	190,249.	2	29,662.		
	3	Pledges and grants receivable, net			510,894.	3	675,856.
	4	Accounts receivable, net			62,924.	4	6,274.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	า 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L				6	
Assets	7	Notes and loans receivable, net			284,988.	7	284,988.
₹	8	Inventories for sale or use				8	
	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	61,693.			
	b	Less: accumulated depreciation	10b	40,817.	10,062.	10c	20,876.
	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			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,390,035.	15	1,217,055.
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	3,492,383.	16	3,921,695.
	17	Accounts payable and accrued expenses			136,893.	17	239,415.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		L		20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and former					
≣		key employees, highest compensated employee		•			
Liabilities		Complete Part II of Schedule L			000 000	22	000 000
_	23	Secured mortgages and notes payable to unrela			280,003.	23	280,003.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	3 17-24). Complete Part X of	1 101 550		1 200 070
		Schedule D		_	1,191,552.	25	1,280,979.
	26	Total liabilities. Add lines 17 through 25			1,608,448.	26	1,800,397.
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🔼 and			
ces		complete lines 27 through 29, and lines 33 ar			1 002 025		2 121 200
Fund Balances	27	Unrestricted net assets			1,883,935.	27	2,121,298.
Ba	28	Temporarily restricted net assets				28	
<u>n</u>	29					29	
		Organizations that do not follow SFAS 117 (A	SC 95	B), check here			
Š		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			1,883,935.	32	2 121 200
_	33	Total net assets or fund balances				33	2,121,298.
	34	Total liabilities and net assets/fund balances			3,492,383.	34	3,921,695.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,14		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,81		
3	Revenue less expenses. Subtract line 2 from line 1	3			6,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	, 88	3,9	35.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-8	9,4	27.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	2	,12	1,2	98.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		3b	Х	

SCHEDULE A

(Form 990 or 990-EZ)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HOUSING INITIATIVE PARTNERSHIP, INC.

Employer identification number 52-1596171

Pa	rt I	TI Reason for Public Charity Status (All organizations must complete this part.) See instructions.						
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck 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 secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative		· ·			ii).	
4		A medical research organiz					•	the hospital's name
•		city, and state:	anon operated in co.	njanotion with a moopital	GOOGIIDO			the hoopital o haine,
5		An organization operated for	or the benefit of a co	llogo or university owner	d or operat	tod by a g	overnmental unit describ	ood in
3				nege of university owner	u or opera	led by a g	overnmentar unit descrit	Ded III
_		section 170(b)(1)(A)(iv). (C	· · · · ·				()	
6		A federal, state, or local gov						
7	X	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	\square	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	je or
		university:						
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	•	· · · ·	-		•	
		lines 12a through 12d that	•					
а		Type I. A supporting orga	• •			-	· · · · · ·	, aivina
		the supported organization	· ·	· ·	•	•		
		organization. You must o						, app 69
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s), by ha	avina
~		control or management o	•					-
		organization(s). You mus			arrie perse	nis triat co	ontrol of manage the sup	ported
_		Type III functionally inte			in connoc	tion with	and functionally intograt	od with
·		its supported organization					• •	ea with,
d		Type III non-functionally		•				ization(a)
u								• •
		that is not functionally int	-		•		-	iveriess
		requirement (see instruct	·	-				
е		Check this box if the orga					ı Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.		
f		er the number of supported o		-l				
g		vide the following information i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)
				above (see instructions))	163	140		
Γ <u>α</u> 4-								
Γota								1

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	694,563.	1688387.	2049509.	2945855.	2562976.	9941290.
2	Tax revenues levied for the organ-						
	ization'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	694,563.	1688387.	2049509.	2945855.	2562976.	9941290.
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)						145,510.
6	Public support. Subtract line 5 from line 4.						9795780.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	694,563.	1688387.	2049509.	2945855.	2562976.	9941290.
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	550.	44.	45.	37.	40.	716.
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 VI.)						
11							9942006.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,100,289.
13	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					> □
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (I	ine 6, column (f) d	ivided by line 11, c	olumn (f))		14	98.53 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	98.29 %
16a	33 1/3% support test - 2016. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2015. If the o						nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac				-	_	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	in Part VI how the	
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2016

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		() 0040	(1) 0010	() 001 (1 (1) 0045	() 0040	(0.T.)
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
IUa	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organia	zation,
							>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2016 (ine 8, column (f) d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	116 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19	33 1/3% support tests - 2016. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	nization qualifies	as a publicly supp	orted organization	>
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	3a		
	Sa		
	3b		
	0-		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	00		
	6		
	U		
	7		
	8		
	0		
	9a		
	9b		
	aD		
	9с		
	40		
	10a		
	10b		
ma	90 or 99	00_F7	2016

Par	t IV	Supporting Organizations (continued)			
		(Grantese)		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below	, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in (a) above?	11b		
С	A 35%	6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			
		rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	•	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	contro	olled the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	1 how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
		- · · · · · · · · · · · · · · · · · · ·		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions).	
2	Activit	ties Test. <i>Answer (a) and (b) below.</i>		Yes	No
а	Did su	obstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasor	ns for the organization's position that its supported organization(s) would have engaged in these			
	activit	ies but for the organization's involvement.	2b		
3	Paren	t of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did th	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ated Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D -	- Distributions		,	Current Year
1	Amou	ınts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou				
	organ				
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	ınts paid to acquire exempt-use assets			
5	Qualif	fied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions			
7	Total	annual distributions. Add lines 1 through 6			
8		butions to attentive supported organizations to which the	ne organization is responsive	e	
	(provi	de details in Part VI). See instructions			
9	Distrib	butable amount for 2016 from Section C, line 6			
10	Line 8	3 amount divided by Line 9 amount		Г	
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distrib	outable amount for 2016 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2016 (reason-			
	able o	cause required- explain in Part VI). See instructions			
3	Exces	ss distributions carryover, if any, to 2016:			
а					
b					
С	From	2013			
d	From	2014			
е	From	2015			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2016 distributable amount			
i		over from 2011 not applied (see instructions)			
j		ainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib line 7:	butions for 2016 from Section D, : \$			
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2016 distributable amount			
С	Rema	ainder. Subtract lines 4a and 4b from 4			
5	Rema	aining underdistributions for years prior to 2016, if			
	any. S	Subtract lines 3g and 4a from line 2. For result greater			
	than z	zero, explain in Part VI. See instructions			
6	Rema	aining underdistributions for 2016. Subtract lines 3h			
	and 4	b from line 1. For result greater than zero, explain in			
	Part \	/I. See instructions			
7	Exce	ss distributions carryover to 2017. Add lines 3j			
	and 4				
8	Break	down of line 7:			
а					
		ss from 2013			
		ss from 2014			
d	Exces	ss from 2015			

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Employer identification number

HOUSING INITIATIVE PARTNERSHIP, INC.

52-1596171

Organiz	ation type (check or	ie).
Filers of	:	Section:
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \text{\tex
but it mu	: An organization the	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization Employer identification number

HOUSING INITIATIVE PARTNERSHIP, INC.

52-1596171

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,080,528.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 61,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 939,441.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	- Humo, dudi coo, dira Zir 11	\$ 136,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

HOUSING INITIATIVE PARTNERSHIP, INC.

52-1596171

Part II	Noncash Property (See instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		_	
23453 10-18	10		990. 990-EZ. or 990-PF) (20

Employer identification number

Name of organization

	G INITIATIVE PARTNERSH	IP, INC.	52-1596171				
Part III	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	columns (a) through (e) and the follogous, charitable, etc., contributions of \$1,000 or					
	Use duplicate copies of Part III if addition	al space is needed.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gif	t				
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(a) Transfer of sife					
	Transferee's name, address, a	(e) Transfer of gif nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of gif					
	Transferee's name, address, a		Relationship of transferor to transferee				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HOUSING INITIATIVE PARTNERSHIP, INC.

Employer identification number 52-1596171

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 a	dvisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	nferring
Pai	'		t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	ied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
			•
	Number of conservation easements on a certified historic str		-
d	Number of conservation easements included in (c) acquired		1 1
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conser	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing concernation	n agamenta during the year
7	S S	illing of violations, and emorcing conservation	n easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h).	(4)(R)(i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
•	include, if applicable, the text of the footnote to the organization	•	
	conservation easements.		organiaanon o accounting to:
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statemen	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement ar	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
<u>b</u>	Assets included in Form 990, Part X		> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2016

632051 08-29-16

	t III Organizations Maintaining C	Collections of A						or Asse			age Z
	Using the organization's acquisition, accessi										
3	(check all that apply):	on, and other record	as, crieck	any or the	iollowing tha	ı are a sıç	Jillicani i	156 01 112	Collectio	ii iteii	15
	Public exhibition	_		oon or ove	hange progra	mo					
a	Scholarly research	c		oan or exc Other	nange progra	11115					
b	Preservation for future generations	€	(Juliei							
с 4	Provide a description of the organization's co	alloctions and avala	in how th	ov further t	ho organizati	on's over	ant nurna	so in Par	+ VIII		
5	During the year, did the organization solicit of							Se III Fai	t AIII.		
3	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pal		oto ii tiio	organizatio	ii anoworea	100 0111	01111 000	, r artiv,			
	Is the organization an agent, trustee, custod		diary for o	contribution	s or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes	X	No
b	If "Yes," explain the arrangement in Part XIII										
-		aa. 00p.010 10 1.							Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	n has been	provided on	Part XIII					
Pai	t V Endowment Funds. Complete i	f the organization ar	swered '	"Yes" on Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) Pi	rior year	(c) Two year	s back (d) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
_	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	nd administe	red for th	e organiz	ation			
	by:								- m	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations			-ll- l- D0					3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza								3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment i	unas.							
ı aı	Complete if the organization answere		0 Part IV	lina 11a S	See Form 990	Dort Y I	ine 10				
	Description of property	(a) Cost or o			or other		cumulate	<u>а</u> Т	(d) Boo	k valu	
	pescription of property	basis (investr			(other)		cumulate reciation	٦	(u) D00	n valu	-
19	Land	`	,	24013	(23,101)	ч	. 30.4.1011				
	Land Buildings		+								
	Leasehold improvements										
	Equipment			6	1,693.		40,81	7.	2	0,8	76.
	Other		<u> </u>				,			•	

Schedule D (Form 990) 2016

20,876.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

	TIATIVE PARTN	ERSHIP, INC.	52-1596171 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"		11b. See Form 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		_	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line	15.
• • • • • • • • • • • • • • • • • • • •	Description		(b) Book value
(1) ESCROW DEPOSIT			5,173.
(2) ACCOUNTS RECEIVABLE FROM	RELATED PARTI	ES	1,905.
(3) HOUSES BEING CONSTRUCTED	- TO BE SOLD	TO LOW INCOME	
(4) HOUSEHOLDS			1,209,977.
(5)			
(6)			
(=)			

(a) Description	(b) Book value
(1) ESCROW DEPOSIT	5,173.
(2) ACCOUNTS RECEIVABLE FROM RELATED PARTIES	1,905.
(3) HOUSES BEING CONSTRUCTED - TO BE SOLD TO LOW INCOME	
(4) HOUSEHOLDS	1,209,977.
(5)	
(6)	
<u>(7)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,217,055.

Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value			
(1)	Federal income taxes				
(2)	PARTNER'S INVESTMENT IN RELATED				
(3)	REAL ESTATE PARTNERSHIP	1,280,979.	-		
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,280,979.	•		

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 HOUSING INITIATIVE PAR	THERSHIP INC	52-	1596171 _{Page}
Schedule D (Form 990) 2016 HOUSING INITIATIVE PAR Part XI Reconciliation of Revenue per Audited Financial S	-		
Complete if the organization answered "Yes" on Form 990, Part IV,			
1 Total revenue, gains, and other support per audited financial statements		1	4,473,656
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)		28.	
e Add lines 2a through 2d		2e	2,332,628
3 Subtract line 2e from line 1		3	2,141,028
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 XIII.)	4b		
c Add lines 4a and 4b		4c	0
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		5	2,141,028
Part XII Reconciliation of Expenses per Audited Financial S	•	per Retu	rn.
Complete if the organization answered "Yes" on Form 990, Part IV,			
Total expenses and losses per audited financial statements		1	4,146,866
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d 2,332,6	28.	
e Add lines 2a through 2d			2,332,628
3 Subtract line 2e from line 1		3	1,814,238
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 XIII.)	4b		_
c Add lines 4a and 4b		4c	0
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	1,814,238
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide		, line 4; Part	X, line 2; Part XI,
PART X, LINE 2:			
THE ORGANIZATION BELIEVES THAT IT HAS AP	PROPRIATE SUPPORT	FOR A	NY TAX
POSITIONS TAKEN, AND AS SUCH, DOES NOT H	AVE ANY UNCERTAIN	TAX P	OSITIONS
THAT ARE MATERIAL TO THE FINANCIAL STATE	MENTS OR THAT WOU	LD HAV	E AN EFFECT
ON ITS TAX-EXEMPT STATUS. THERE ARE NO	UNRECOGNIZED TAX	BENEFI	TS OR
LIABILITIES THAT NEED TO BE RECORDED.			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			

2,332,628. COST OF REAL ESTATE SALES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

COST OF REAL ESTATE SALES

2,332,628.

Schedule D	(Form 990) 2016	HOUSING	INITIATIVE	PARTNERSHIP,	INC.	52-1596171	Page 5
Part XIII	(Form 990) 2016 Supplemental Infor	mation (continu	ued)				

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" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization HOUSTNG T	NTTTATTVI	E PARTNERSHI	IP. TNC.				Employer identification number 52-1596171
Part I General Information on Grants a							
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro	stance?				-	sistance, and the selec	▼ ,
Part II Grants and Other Assistance to	-				anization answered "`	res" on Form 990, Par	t IV, line 21, for any
recipient that received more than 1 (a) Name and address of organization or government	\$5,000. Part II cal	to be duplicated if addition (c) IRC section (if applicable)	tional space is need (d) Amount of cash grant	ded. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	
FAMILY SERVICES INC 610 E DIAMOND AVENUE, # 100 GAITHERSBURG, MD 20877	52-0730225	501(C)(3)	12,491.	0.			SUBRECIPIENTS TO HIP FOR CITY OF GAITHERSBURG FINANCIAL EMPOWERMENT GRANT.
JOB OPPORTUNITIES TASK FORCE 217 EAST REDWOOD ST, SUITE 1500 BALTIMORE, MD 21202	52-2278450	501(C)(3)	9,048.	0.			SUBRECIPIENTS TO HIP FOR CITY OF GAITHERSBURG FINANCIAL EMPOWERMENT GRANT.
2 Enter total number of section 501(c)(3) a							>2.
3 Enter total number of other organization	s listed in the line	1 table					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
THROUGH GRANTS TO HOME BUYERS	3	21,000.	0.		
t IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	ı (b); and any other a	dditional information.	
T I, LINE 2:					
SING INITIATIVE DOES NOT REGUL	ARLY AWAR	D GRANTS.	GRANTS WER	E FOR THE	
CHASE OF HOMES AND MINIMAL MON	ITORING I	S REQUIRED).		

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

HOUSING INITIATIVE PARTNERSHIP, INC. Employer identification number 52-1596171

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			37
а		4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
J	contingent on the revenues of:			
а		5a		Х
h	The organization? Any related organization?	5b		X
.,	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
·	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns (F) Compensation		
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(i)								
(ii								
(i)								
(ii								
(i)								
(ii								
(i)								
(ii								
(i)								
(ii								
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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 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

HOUSING INITIATIVE PARTNERSHIP, INC.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 52-1596171

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HOUSING INITIATIVE PARTNERSHIP, INC. (HIP) IS AN INNOVATIVE, GREEN NONPROFIT HOUSING DEVELOPER AND COUNSELING AGENCY BASED IN PRINCE GEORGE'S COUNTY, MARYLAND DEDICATED TO REVITALIZING NEIGHBORHOODS. HIP CREATES HOUSING AND ECONOMIC SECURITY FOR LOW AND MODERATE INCOME HOUSEHOLDS AND PROVIDES SERVICES THAT IMPROVE THE QUALITY OF LIFE IN THE COMMUNITIES IT SERVES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HOUSING INIATIVE PARTNERSHIP, INC. IS AN INNOVATIVE, GREEN NONPROFIT HOUSING DEVELOPER AND COUNSELING AGENCY BASED IN PRINCE GEORGE'S COUNTY, MARYLAND DEDICATED TO REVITALIZING NEIGHBORHOODS. HIP CREATES HOUSING AND ECONOMIC SECURITY FOR LOW AND MODERATE INCOME HOUSEHOLDS AND PROVIDES SERVICES THAT IMPROVE THE QUALITY OF LIFE IN THE COMMUNITIES IT SERVES.

FORM 990 PART III, LINE 4A

HOUSING COUNSELING - UNDER THIS PROGRAM HIP PROVIDES HOMEBUYER EDUCATION AND COUNSELING, FORECLOSURE PREVENTION EDUCATION AND COUNSELING, AND FINANCIAL CAPABILITY COUNSELING. HOMEBUYER EDUCATION AND COUNSELING SERVICES INCLUDE EIGHT-HOUR EDUCATIONAL WORKSHOPS AND INDIVIDUAL COUNSELING FOR FIRST-TIME HOMEBUYERS. THE FORECLOSURE PREVENTION PROGRAM WORKS WITH FAMILIES, WHO ARE IN DANGER OF LOSING THEIR HOMES, TO DEVELOP A BUDGET, EVALUATE THEIR OPTIONS, AND NEGOTIATE WITH THEIR MORTGAGE SERVICERS FOR THE BEST POSSIBLE OUTCOME. THE

FINANCIAL CAPABILITY COUNSELING SERVICES INITIALLY TARGETED HOMEOWNERS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

Employer identification number

HOUSING INITIATIVE PARTNERSHIP, INC. 52-1596171

WHO HAVE RECOVERED FROM DEFAULT, AND HAVE NOW BEEN EXPANDED TO ASSIST

LOW-INCOME RENTERS AND FAMILIES AT RISK OF HOMELESSNESS. THE GOAL OF

THE PROGRAM IS TO STRENGTHEN PARTICIPANTS' FINANCES SO THAT THEY CAN

ACQUIRE AND MAINTAIN STABLE AND AFFORDABLE HOUSING OPTIONS. COUNSELING

SERVICES ARE PROVIDED IN THE HYATTSVILLE, GERMANTOWN AND GAITHERSBURG

OFFICES. IN FISCAL YEAR 2017, HIP PROVIDED HOUSING COUNSELING SERVICES

TO 1,549 MARYLAND RESIDENTS, AND HELD 26 HOMEOWNER EDUCATION WORKSHOPS

WITH 527 ATTENDEES. ANOTHER 102 PARTICIPATED IN HIP'S ONLINE WORKSHOP.

THE AVERAGE REDUCTION A HOMEOWNER SAW IN THEIR MONTHLY MORTGAGE PAYMENT

AS A RESULT OF HIP INTERVENTION WAS \$352.

RAPID REHOUSING PROGRAM - IN FISCAL YEAR 2017, HIP HELPED 42 HOMELESS

INDIVIDUALS AND FAMILIES EXIT THE SHELTER OR STREET AND SECURE A RENTAL

APARTMENT. THE PROGRAM PROVIDED RENTAL ASSISTANCE AND A SHORT TERM

RENTAL SUBSIDY. HIP WORKS CLOSELY WITH PARTICIPANTS FOR UP TO ONE

YEAR, IDENTIFYING NEEDS AND LINKING PARTICIPANTS WITH RESOURCES NEEDED

TO MAINTAIN HOUSING STABILITY.

FORM 990 PART III, LINE 4B

FACADE IMPROVEMENT PROGRAM - HIP WORKED WITH PRINCE GEORGE'S COUNTY'S

TRANSFORMING NEIGHBORHOODS INITIATIVE TEAM IN KENTLAND AND PALMER PARK

TO TARGET THREE STREETS FOR INTENSIVE FACADE IMPROVEMENTS, INCLUDING

NEW SIDING, WINDOWS, FIXTURES, LANDSCAPING, FENCING AND WALKWAYS. 25

LOW-INCOME HOME OWNERS WERE ASSISTED IN THE FIRST PHASE OF THIS PROGRAM

COMPLETED IN SPRING, 2016 AND 25 ADDITIONAL HOME OWNERS WERE HELPED IN

SPRING, 2017.

Name of the organization
HOUSING INITIATIVE PARTNERSHIP, INC.

Employer identification number 52-1596171

FORM 990 PART III, LINE 4C

SINGLE-FAMILY HOME DEVELOPMENT - HIP PURCHASES AND RENOVATES VACANT

HOMES FOR THE PURPOSE OF SELLING THEM TO QUALIFIED LOW AND

MODERATE-INCOME BUYERS. IN SOME CIRCUMSTANCES, HOUSES ARE TORN DOWN AND

REPLACED WITH NEW HOMES. FOR THE FISCAL YEAR ENDED JUNE 30, 2017, FIVE

PROPERTIES WERE PURCHASED AND SEVEN WERE SOLD.

FORM 990 PART III, LINE 4D

MULTI-FAMILY DEVELOPMENT - HIP DEVELOPS MULTI-FAMILY RENTAL PROPERTY

FOR LOW AND MODERATE-INCOME TENANTS. IN SOME CASES, HIP ENTERS INTO A

PARTNERSHIP WITH OTHER FOR-PROFIT OR NON-PROFIT DEVELOPERS TO DEVELOP

RENTAL HOUSING IN MARYLAND. FOR THE YEAR ENDED JUNE 30, 2017, HIP WAS

INVOLVED IN THE DEVELOPMENT AND LEASE-UP OF 100 FAMILY RENTAL UNITS.

FORM 990 PART III, LINE 4E

RESIDENT SERVICES - A RESIDENT SERVICES COORDINATOR PROVIDES

RECREATIONAL ACTIVITIES AND INFORMATION AND REFERRAL SERVICES TO

RESIDENTS OF MOUNT RAINIER ARTISTS APARTMENTS, NEWTON GREEN SENIOR

APARTMENTS IN BLADENSBURG, AND THE RENAISSANCE SQUARE ARTISTS

APARTMENTS IN HYATTSVILLE. SERVICES INCLUDE LINKAGES TO SOCIAL

SERVICES, BUDGET COUNSELING, PARENTING SKILLS TRAINING, AND EDUCATION.

THE COORDINATOR RECENTLY EXPANDED HER SERVICES TO INCLUDE BLADENSBURG

COMMONS, A NEW CONSTRUCTION 100-UNIT FAMILY BUILDING. TWO RESIDENT

SERVICES COORDINATORS ALSO PROVIDE ON-SITE RECREATIONAL ACTIVITIES,

FOOD PANTRIES, AND OTHER SOCIAL ACTIVITIES TO RESIDENTS OF ELKTON

SENIOR APARTMENTS, NEW EAST CROSSING APARTMENTS, AND PARKLANDS AT

CECILTON IN CECIL COUNTY, MARYLAND.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization
HOUSING INITIATIVE PARTNERSHIP, INC.

Employer identification number 52-1596171

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MULTI-FAMILY HOME DEVELOPMENT - SCHEDULE O

EXPENSES \$ 54,405. INCLUDING GRANTS OF \$ 0. REVENUE \$ 256,839.

RESIDENT SERVICES - SEE SCHEDULE O

EXPENSES \$ 112,217. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S 990 IS REVIEWED BY THE FULL BOARD BEFORE BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER IS ASKED TO COMPLETE AND SIGN THE CONFLICT OF INTEREST

POLICY, COPIES OF WHICH ARE MAINTAINED BY THE ADMINISTRATIVE STAFF OF THE

ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD DOES AN EXTENSIVE SEARCH OF EXECUTIVE DIRECTOR SALARIES IN THE REGION AND FOR SIMILAR ORGANIZATIONS BEFORE DECIDING ON COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE LAST COMPENSATION REVIEW WAS PERFORMED IN NOVEMBER 2014.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC ON THEIR OWN WEBSITE, UPON REQUEST, AND THE FORM

990 IS AVAILABLE ON THE WEBSITE GUIDESTAR.ORG.

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

HOUSING INITIATIVE PARTNERSHIP, INC. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

 $\begin{array}{c} \textbf{Employer identification number} \\ 52-1596171 \end{array}$

(state or Total in untry)	come End-of-ye	e) ear assets	Direct c er	9	
orm 990, Part IV, line 3	4 because it had or	ne or more	related tax-exe	mpt	
		charity Direct controlling		contr	g) 512(b)(13) rolled :ity?
*	501(c)(3))			Yes	No
	Form 990, Part IV, line 3. (d) ate or Exempt Code	form 990, Part IV, line 34 because it had on the section of the se	form 990, Part IV, line 34 because it had one or more (d) (e) (e) (ate or Exempt Code Public charity section Section Status (if section)	form 990, Part IV, line 34 because it had one or more related tax-exe (d) (e) (f) ate or Exempt Code Section Public charity Status (if section entity)	form 990, Part IV, line 34 because it had one or more related tax-exempt (d) (e) Public charity status (if section 501(c)(3)) Public charity status (if section 501(c)(3)) (g) Cection controlling entity Yes

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca		amount in box 20 of Schedule	managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
MOUNT RAINIER ARTIST											
APARTMENTS, LLP - 52-2321515,	LOW-INCOME										
6525 BELCREST ROAD #555,	APARTMENT										
HYATTSVILLE, MD 20781	RENTAL	MD	HIP	RELATED	-89,427.	-1,281,014.		X	N/A	X	99.00%
NORTH EAST MANAGER, LLC -	LOW-INCOME										
46-0941612, 5 POWELL LANE,	APARTMENT										
COLLINGSWOOD, NJ 08108	RENTAL	MD	HIP HURRAH	RELATED	-30.	34,900.		X	N/A	X	51.00%
PARKLANDS APARTMENTS MANAGER,	LOW-INCOME										
LLC - 46-3044206, 5 POWELL	APARTMENT										
LANE, COLLINGSWOOD, NJ 08108	RENTAL	MD	HIP HURRAH	RELATED	-27.	101,442.		X	N/A	X	51.00%
	1										

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	Legal domicile (state or foreign country)	entity (C corp, S corp, income end-of-y		ne of entity Share of total Share of end-of-years		(h) Percentage ownership	512(l conti ent	tion (b)(13) (rolled tity?
CDEEN UITDOODOMANUG DEVELODMENT GODDODATION		country)						Yes	No
GREEN HIPPOPOTAMUS DEVELOPMENT CORPORATION - 65-1304681, 6525 BELCREST ROAD #555,	-								
HYATTSVILLE, MD 20781	HOUSING DEVELOPMENT	MD	HIP	C CORP	-37.	-317.	100%		X
HIP HURRAH - 46-0942531									
6525 BELCREST ROAD #555	1								
HYATTSVILLE, MD 20781	HOUSING DEVELOPMENT	MD	HIP	C CORP	-57.	136,342.	100%		X
	-								
]								
									<u> </u>
	_								

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

b Gift, grant, or capital contribution to related organization(s)

Page 3

Yes No

Х

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

c Gift, grant, or capital contribution from related organization(s)				1c		X
d Loans or loan guarantees to or for related organization(s)				1d		X
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				. 1j		X
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I Performance of services or membership or fundraising solicitations for related org	anization(s)			. 11		X
m Performance of services or membership or fundraising solicitations by related org	anization(s)			1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organiza	tion(s)			. 1n		X
Sharing of paid employees with related organization(s)				10	Х	
p Reimbursement paid to related organization(s) for expenses				1p		X
q Reimbursement paid by related organization(s) for expenses					Х	
r Other transfer of cash or property to related organization(s)				1r	Х	
s Other transfer of cash or property from related organization(s)						X
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete t	his line, including covered rel	ationships and transaction thresholds.			
(a)	(b)	(c)	(d)			
Name of related organization	Transaction	Amount involved	Method of determining amount in	ivolved		
	type (a-s)					
WOLDER DIENTED IDEED INDICATION INDICATION	_	60 525 5	224			
1) MOUNT RAINIER ARTIST APARTMENTS, LLP	R	68,535.FC	DRGIVENESS OF DEBT			
2)	-					
3)						
4)	1					
5)	+					
0)	42		2	D /=	. 000	0010
32163 09-06-16	44		Schedule	K (For	п 990)	2016

Page 4

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

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

(a)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	О
	1											
	1											
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Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Attach to your tax return. ► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Business or activity to which this form relates

Identifying number

HOU	SING INITIATIVE PAR	TNERSHIP	, INC.	FOR	м 9	90	PAG	E 10		52-1596171
Par	t I Election To Expense Certain Propert	y Under Section 1	79 Note: If yo	u have any lis	sted p	operty	, com	plete Part	V before	you complete Part I.
1 N	laximum amount (see instructions)								1	500,000.
2 T	otal cost of section 179 property place									
	hreshold cost of section 179 property b									2,010,000.
	eduction in limitation. Subtract line 3 fr									
5 D	ollar limitation for tax year. Subtract line 4 from line 1	. If zero or less, enter	-0 If married fili	ng separately, see	e instruct	tions			5	
6	(a) Description of prop	erty		(b) Cost (busin	ess use	only)		(c) Elected	cost	
7 L	sted property. Enter the amount from I	ine 29				7				
8 T	otal elected cost of section 179 proper	ty. Add amounts	s in column (c), lines 6 and	7				8	
	entative deduction. Enter the smaller o									
	arryover of disallowed deduction from									
	usiness income limitation. Enter the sm									
	ection 179 expense deduction. Add line									
	arryover of disallowed deduction to 20								-	
	Don't use Part II or Part III below for lis									
Par	t II Special Depreciation Allowan	ce and Other D	epreciation	(Don't includ	e listed	d prope	erty.)			
14 S	pecial depreciation allowance for qualif	ied property (otl	ner than listed	d property) pl	aced i	n servi	ice du	ring		
	ne tax year							•	14	
	roperty subject to section 168(f)(1) elec									
									16	5,581.
Par										,
	·	· ·		ction A						
17 N	IACRS deductions for assets placed in	service in tax ve	ears beginnin	a before 201	6				17	
	you are electing to group any assets placed in service							▶ □	j.	
	Section B - Assets F							Deprecia	tion Sys	stem
	(a) Classification of property	(b) Month and year placed	(c) Basis for	depreciation vestment use	(d)	Recovery	.,	Convention		
	(a) Stassingation of property	in service		instructions)		period	(6)	0011101111011	(1) 101000	(g) Depressation deduction
19a	3-year property									
b	5-year property									
С	7-year property									
d	10-year property									
е	15-year property									
	20-year property									
g	25-year property				2	5 yrs.			S/L	
		/				.5 yrs.		MM	S/L	
h	Residential rental property	/				.5 yrs.		MM	S/L	
		/				9 yrs.		MM	S/L	
i	Nonresidential real property	/			T	,		MM	S/L	
	Section C - Assets Pla	aced in Service	During 2016	6 Tax Year U	sing th	ne Alte	ernativ			ystem
20a	Class life							-	S/L	
b	12-year				1	2 yrs.			S/L	
	40-year	/			 	0 yrs.		MM	S/L	
Par	•	•								
	isted property. Enter amount from line	28							21	
	otal. Add amounts from line 12, lines 1						 I.		···	
	nter here and on the appropriate lines of	-							22	5,581.
	or assets shown above and placed in s								·	
	ortion of the basis attributable to section				<u></u>	23				

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

24a Do you have evidence to support the business/investment use claimed? (a) (b) (c) (c) (d) (c) (d) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	(h) Depreciation deduction so	(i) Elected section 179 cost
Type of property (list vehicles first) Date placed in investment use percentage Cost or other basis Service Service Date placed in investment use percentage Service other basis Service during the tax year and used more than 50% in a qualified business use. 25 26 Property used more than 50% in a qualified business use: Service of the placed in service during the tax year and used more than 50% in a qualified business use: Service of the placed in service during the tax year and used more than 50% in a qualified business use: Service of the placed in service during the tax year and used more than 50% in a qualified business use: Service of the placed in service during the tax year and used more than 50% in a qualified business use: Service of the placed in service during the tax year and used more than 50% in a qualified business use: Service of the placed in service during the tax year and used more than 50% in a qualified business use: Service of the placed in service during the very investment of the tax year and used more than 50% in a qualified business use: Service of the placed in service during the very investment of the tax year and used in service during the very investment of the tax year and used in service during the very investment of the tax year and used in service during the very investment of the tax year and used in service during the very investment of the tax year and used in service during the very investment of the tax year and used investment	Depreciation deduction St	Elected section 179 cost
used more than 50% in a qualified business use	. If you provided veh	nicles
26 Property used more than 50% in a qualified business use:	. If you provided veh	nicles
27 Property used 50% or less in a qualified business use:	. If you provided veh	nicles
27 Property used 50% or less in a qualified business use:	. If you provided veh	nicles
27 Property used 50% or less in a qualified business use:	. If you provided veh	nicles
27 Property used 50% or less in a qualified business use:	. If you provided veh	nicles
S/L - S/L	. If you provided veh	nicles
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. I to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for vehicle vehicl	. If you provided veh	nicles
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. It to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for (a) (b) (c) (d) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Total commuting miles driven during the year 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles	. If you provided veh	nicles
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. I to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for (a) (b) (c) (d) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles	. If you provided veh	nicles
Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. I to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for (a) (b) (c) (d) 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles	. If you provided veh	nicles
Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. I to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for (a) (b) (c) (d) 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles	. If you provided veh	nicles
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. I to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for (a) (b) (c) (d) 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles		nicles
to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for (a) (b) (c) (d) Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) 1 Total commuting miles driven during the year Total other personal (noncommuting) miles		
30 Total business/investment miles driven during the year (don't include commuting miles)		
30 Total business/investment miles driven during the year (don't include commuting miles)	(e)	(f)
31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles	Vehicle	Vehicle
31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles		
driven		
33 Total miles driven during the year.		
Add lines 30 through 32		
	Yes No Ye	es No
during off-duty hours?		
35 Was the vehicle used primarily by a more		
than 5% owner or related person?		
36 Is another vehicle available for personal		
use?		
Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees	es	
Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees v	who aren't more th	1an 5%
owners or related persons.		
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	<u> Y</u>	Yes No
employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about		
the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		
Part VI Amortization		
(a) (b) (c) (d) (e) Date amortization begins Amortizable amount Section period or percent		zation
42 Amortization of costs that begins during your 2016 tax year:		
43 Amortization of costs that began before your 2016 tax year		
44 Total. Add amounts in column (f). See the instructions for where to report	43	
616252 12-21-16 4 5	43 44	