

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

B Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
CENTRAL MINNESOTA HOUSING PARTNERSHIP INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
37 28TH AVENUE NORTH NO 102

City or town, state or province, country, and ZIP or foreign postal code
ST CLOUD, MN 56303

D Employer identification number
41-1752558

E Telephone number
(320) 259-0393

G Gross receipts \$ 2,504,376

F Name and address of principal officer
DEANNA HEMMESCH
37 28TH AVENUE NORTH NO 102
ST CLOUD, MN 56303

H(a) Is this a group return for subordinates? Yes No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CMHP NET

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1993

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO ASSIST UNDERSERVED COMMUNITIES TO PRESERVE, IMPROVE AND INCREASE AFFORDABLE HOUSING

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	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	58
6 Total number of volunteers (estimate if necessary)	6	62
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Revenue	
	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	299,160	272,605
9 Program service revenue (Part VIII, line 2g)	1,792,636	2,139,372
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,250	13,320
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	81,577	78,626
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,186,623	2,503,923
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	827,693	810,597
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,362		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,772,818	2,036,828
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,600,511	2,847,425
19 Revenue less expenses Subtract line 18 from line 12	-413,888	-343,502
	Net Assets or Fund Balances	
	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	9,187,951
21 Total liabilities (Part X, line 26)	6,325,853	7,330,547
22 Net assets or fund balances Subtract line 21 from line 20	2,862,098	2,495,128

Part II Signature Block

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

Sign Here
Signature of officer: ***** Date: 2019-11-06
DEANNA HEMMESCH EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2019-11-04
Check if self-employed PTIN: P01487323
Firm's name: ▶ CLIFTONLARSONALLEN LLP Firm's EIN: ▶ 41-0746749
Firm's address: ▶ 818 SECOND ST SO SUITE 320 WAITE PARK, MN 56387 Phone no: (320) 203-5500

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission

CMHP, INC IS A NON-PROFIT REGIONAL COMMUNITY HOUSING DEVELOPMENT CORPORATION (CHDO) COMMITTED TO ASSISTING UNDERSERVED COMMUNITIES TO PRESERVE, IMPROVE AND INCREASE AFFODABLE HOUSING FOR LOW AND MODERATE INCOME FAMILIES AND INDIVIDUALS

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 revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,757,098 including grants of \$) (Revenue \$ 1,718,200) See Additional Data

4b (Code) (Expenses \$ 343,059 including grants of \$) (Revenue \$ 284,948) See Additional Data

4c (Code) (Expenses \$ 44,852 including grants of \$) (Revenue \$ 41,170) See Additional Data

(Code) (Expenses \$ 359,445 including grants of \$) (Revenue \$ 173,227)

CONTINUUM OF CARE (COC) SINCE 1997, CMHP HAS COORDINATED THE DEVELOPMENT AND IMPLEMENTATION OF THE REGIONAL CONTINUUM OF CARE PLAN OUTLINING EXISTING SERVICES AND IDENTIFYING GAPS IN SERVICES ADDRESSING HOMELESSNESS FROM 1997 TO 2018, OVER \$20,799,471 IN HUD FUNDING HAS BEEN AWARDED REGIONALLY WITH TOTAL LEVERAGED FUNDS OF \$39,387,259 THE 2018 EXHIBIT ONE APPLICATION WAS AWARDED A TOTAL OF \$1,383,789, WITH AN ADDITIONAL \$339,147 IN MATCHED FUNDS THE 2018 ROUND FUNDED CMHP WITH ADMINISTRATIVE DOLLARS IN THE AMOUNT OF \$40,963 CMHP ALSO RECEIVED \$50,000 FOR A COORDINATED ENTRY POSITION THE CENTRAL COC IS ALSO THE ADVISORY COUNCIL OVER THE "CENTRAL MN TEN-YEAR PLAN TO END HOMELESSNESS" FOR HEADING HOME MINNESOTA SMALL CITIES DEVELOPMENT PROGRAM (SCDP) CMHP PROVIDES TECHNICAL ASSISTANCE, APPLICATION WRITING AND GRANT ADMINISTRATION SERVICES TO SMALL COMMUNITIES IN OUR 16-COUNTY SERVICE AREA TO ACCESS FUNDING FROM THE DEPARTMENT OF EMPLOYMENT AND ECONOMIC DEVELOPMENT'S SMALL CITIES DEVELOPMENT PROGRAM (SCDP) QUALIFYING APPLICATIONS MUST MEET A FEDERAL OBJECTIVE OF BENEFITING PEOPLE OF LOW AND MODERATE INCOMES, ELIMINATING SLUM AND BLIGHT CONDITIONS OR ELIMINATING AN URGENT THREAT TO PUBLIC HEALTH OR SAFETY APPLICATIONS MAY BE SUBMITTED FOR OWNER-OCCUPIED, RENTAL AND COMMERCIAL REHABILITATION, WITH A FOCUS ON HOUSING REHABILITATION SOME OWNER-OCCUPIED PROJECT MAY BE SUPPLEMENTED WITH ADDITIONAL FUNDING SOURCES SUCH AS THE FEDERAL HOME LOAN BANK IN 2018, CMHP ADMINISTERED SCDP IN THE FOLLOWING CITIES ST JOSEPH, HOWARD LAKE, BIG LAKE, ELK RIVER, MELROSE, MENAUGA, ISLE AND WAHCON ADMINISTRATIVE COSTS ARE INCLUDED IN THE GRANT AWARD AND DRAWN BY CMHP AS PROJECTS ARE COMPLETED IN 2018, CMHP COMPLETED EIGHT REHABILITATION PROJECTS WITH SCDP FUNDING IN 2018, CMHP ASSISTED THE CITY OF SARTELL IN SUBMITTING SCDP FULL APPLICATIONS THE CITY OF SARTELL RECEIVED 2018 FUNDING FOR OWNER-OCCUPIED AND RENTAL REHABILITATION ADMINISTRATION ACTIVITIES STARTED IN THE FALL OF 2018 ALL DEED FUNDS ARE PASSED THROUGH GRANTEE CITIES FOR PAYMENT TO CONTRACTORS AND VENDORS OWNER MATCH FUNDS ARE HELD BY CMHP AND PAID AS REQUIRED ALSO IN 2018, CMHP ASSISTED THE CITIES OF MORA AND WADENA IN SUBMITTING SCDP PRELIMINARY APPLICATIONS, WITH FUNDING ANNOUNCEMENTS IN 2019 CMHP COLLECTS AN APPLICATION FEE FROM CITIES BASED ON DISTANCE FROM CMHP OFFICES SINGLE FAMILY REHAB PROGRAM (SFRP) CMHP ADMINISTERS AN OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM IN THE CITY OF ELK RIVER ANNUAL FUNDING FOR THE PROGRAM IS ALLOCATED BY THE ELK RIVER HRA THE PROGRAM IS SIMILAR IN NATURE TO THE SMALL CITIES DEVELOPMENT PROGRAM, BUT WITH REDUCED PROGRAM REQUIREMENTS THE CITY HAS A DESIGNATED TARGET AREA AND HOMEOWNERS CAN APPLY FOR LOW INTEREST LOANS TO COVER THE COSTS OF THEIR HOME REHABILITATION PROJECT CMHP IS CONTRACTED WITH THE CITY TO PROVIDE ADMINISTRATIVE SERVICES THROUGH DECEMBER 2018 IN 2018, CMHP COMPLETED ONE OWNER-OCCUPIED REHABILITATION PROJECTS MINNESOTA URBAN & RURAL HOMESTEADING (MURL) THE ORGANIZATION SERVICES A PORTFOLIO OF HOMES ORIGINALLY PURCHASED AND REHABILITATED THROUGH THE MURL PROGRAM HOMES WERE SOLD ON A 0% INTEREST CONTRACT FOR DEED TO ELIGIBLE HOUSEHOLDS, WITH MONTHLY PAYMENTS BASED ON MONTHLY HOUSEHOLD INCOME WHILE MURL IS NO LONGER AN ACTIVELY FUNDED PROGRAM, CMHP HOLDS DEED TO ELEVEN HOMES BEING SOLD ON A CONTRACT FOR DEED CMHP STAFF SERVICES THESE CONTRACT FOR DEEDS, AND PROVIDES HOMEOWNER SUPPORT IN AREAS SUCH AS HOME MAINTENANCE, BUDGETING, ETC ON OCCASION, A HOME WILL BE DEEDED BACK TO CMHP FOR VARIOUS REASONS IN THIS INSTANCE, CMHP ASSESSES THE CONDITION OF THE HOME AND COMPLETES ANY NECESSARY REPAIRS THE HOME IS THEN SOLD ON A CONTRACT FOR DEED TO AN ELIGIBLE HOUSEHOLD WITH HOUSEHOLD INCOME AT OR BELOW 80% OF AREA MEDIAN INCOME CMHP IS ALLOWED TO BILL MONTHLY FOR THE ACTUAL COSTS OF STAFF TIME, TRAVEL AND OTHER ADMINISTRATIVE EXPENSES THE ADMINISTRATIVE PAYMENTS ARE DRAWN FROM CMHP'S MURL REVOLVING ACCOUNT COMMUNITY LAND TRUST (CLT) THE CENTRAL MINNESOTA COMMUNITY LAND TRUST (CMCLT) HAS THE ABILITY TO PROVIDE A HOME OWNERSHIP OPPORTUNITY TO LOW AND MODERATE-INCOME HOUSEHOLDS WHILE CREATING LONG-TERM AFFORDABILITY FOR FUTURE GENERATIONS OF HOMEBUYERS HOMES COST LESS THAN MARKET RATE AS THE COMMUNITY LAND TRUST (CLT) PURCHASES THE LAND THROUGH THE USE OF A GROUND LEASE AND THE HOMEBUYER PURCHASES THE IMPROVEMENTS, OR HOME THE AFFORDABILITY IS BUILT IN THE SHARED RESALE FORMULA WHICH ALLOWS FOR A RETURN ON THE HOMEOWNER'S EQUITY AND AN AFFORDABLE SALE PRICE FOR FUTURE BUYERS THE CMCLT HAS 2 HOMES IN ITS PORTFOLIO WHILE THE CMCLT HAS NOT BEEN ACTIVELY PURSUING PROJECTS RECENTLY, THE CMCLT AND CMHP CONTINUE TO MONITOR THE SINGLE-FAMILY HOUSING MARKET IN OUR REGION AND EVALUATE POTENTIAL AREAS AND PROJECTS FOR FUTURE CLT HOMES HOMEBUYER EDUCATION (HOME STRETCH)/PRE-PURCHASE COUNSELING SINCE 1995, THE ORGANIZATION HAS COORDINATED HOMEBUYER EDUCATION IN ITS SERVICE AREA BASED ON A PROGRAM ORIGINALLY CREATED BY THE MINNESOTA HOUSING FINANCE AGENCY THE PROGRAM CURRICULUM, FUNDING AND REPORTING IS NOW OVERSEEN BY THE MINNESOTA HOMEOWNERSHIP CENTER (HOC) HOME STRETCH WORKSHOPS ARE HELD THROUGHOUT OUR REGION AND UTILIZE LOCAL VOLUNTEERS TO EDUCATE FIRST TIME HOMEBUYERS ON TOPICS SUCH AS BUDGET AND CREDIT, MORTGAGE APPLICATION, SHOPPING FOR A HOME, HOME INSPECTIONS, THE CLOSING PROCESS AND HOME MAINTENANCE PARTICIPATION HAS FLUCTUATED OVER THE YEARS, MOST OFTEN DUE TO CHANGES IN THE HOUSING MARKET MANY FIRST TIME HOMEBUYER MORTGAGE PRODUCTS REQUIRE FIRST TIME HOMEBUYER EDUCATION, WHICH AT TIMES SUSTAINS PARTICIPATION NUMBERS THE ORGANIZATION COORDINATES BETWEEN 24 - 34 CLASSES ANNUALLY, DEPENDING ON DEMAND THE PROGRAM IS SUPPORTED BY MORE THAN 50 COMMUNITY VOLUNTEERS AND THE ORGANIZATION HAS GRADUATED OVER 8,900 INDIVIDUALS SINCE INCEPTION IN 2018, 122 PARTICIPANTS/96 HOUSEHOLDS COMPLETED A HOME STRETCH WORKSHOP PRE-PURCHASE COUNSELING SERVICES FOR THOSE NEEDING MORE IN-DEPTH, ONE-ON-ONE ASSISTANCE TOPICS DISCUSSED DURING SESSIONS INCLUDE AFFORDABILITY ANALYSIS, EVALUATION OF MORTGAGE PRODUCTS, BARRIERS TO HOMEOWNERSHIP, SPENDING AND DEBT REDUCTION PLANS, AND PREPARING FOR A LOAN APPLICATION THIS SERVICE IS AN EXTENSION OF HOME STRETCH AND GIVES FIRST TIME HOMEBUYERS THE ADDITIONAL SUPPORT THEY NEED IN PURCHASING THEIR FIRST HOME IN 2018, CMHP PROVIDED PRE-PURCHASE COUNSELING AND SERVICES TO 0 HOUSEHOLDS AS WE HAD NEW STAFF WHO NEEDED TO BE CERTIFIED CMHP IS A HUD CERTIFIED HOUSING COUNSELING AGENCY AND RECEIVES FUNDING FROM HUD AND MHFA FOR ANNUAL OPERATION OF OUR HOMEBUYER EDUCATION AND PRE-PURCHASE COUNSELING SERVICES TA/CHDO CMHP PROVIDES DIRECT TECHNICAL ASSISTANCE TO COMMUNITIES, ORGANIZATION AND NON-PROFITS IN OUR SERVICE AREA TECHNICAL ASSISTANCE PROVIDED BY CMHP CAN BRING ADDITIONAL RESOURCES TO THE REGION BY INCREASING LOCAL CAPACITY SERVICES THAT CMHP MAY BE ABLE TO PROVIDE INCLUDE ASSESSING HOUSING NEED IN THE COMMUNITY, GRANT APPLICATION WRITING, FINANCIAL PACKAGING, PROJECT ADMINISTRATION, DEVELOPMENT AND OWNERSHIP OF AFFORDABLE HOUSING AND TEAM BUILDING IN 2018, CMHP RECEIVED A CAPACITY GRANT FROM MHFA TO ASSIST WITH TECHNICAL ASSISTANCE ACTIVITIES WITHIN OUR REGION

4d Other program services (Describe in Schedule O) (Expenses \$ 359,445 including grants of \$) (Revenue \$ 173,227)

4e Total program service expenses 2,504,454

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	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
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		No
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		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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	Yes	
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		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
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	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		No
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	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		No
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		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? <i>If "Yes," complete Schedule J</i>	23	No
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
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? <i>If "Yes," complete Schedule L, Part II</i>	26	No
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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
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	Yes

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

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	58		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LORI SCHULTZ PRESIDENT	1 00	X		X			0	0	0	
(2) JESSE GODZALA VICE-PRESIDENT	1 00	X		X			0	0	0	
(3) NICOLE KLOSNER TREASURER	1 00	X		X			0	0	0	
(4) DONALD WELKER SECRETARY	1 00	X		X			0	0	0	
(5) SYLVESTER AMARA LAMIN MEMBER	1 00	X					0	0	0	
(6) LUIS ESTEVEZ JIMENEZ MEMBER	1 00	X					0	0	0	
(7) AMY GRAY MEMBER	1 00	X					0	0	0	
(8) CAREY GROETHE MEMBER	1 00	X					0	0	0	
(9) MITCH HOHLEN MEMBER	1 00	X					270	0	0	
(10) DOUG JACOBSON MEMBER	1 00	X					0	0	0	
(11) JOE JANISH MEMBER	1 00	X					0	0	0	
(12) LARRY KETCHUM MEMBER	1 00	X					0	0	0	
(13) AZIZA MOHAMED MEMBER	1 00	X					90	0	0	
(14) GENNY REYNOLDS MEMBER	1 00	X					328	0	0	
(15) CHRIS SMITH MEMBER	1 00	X					45	0	0	
(16) JAY WEATHERFORD MEMBER	1 00	X					0	0	0	
(17) DEANNA HEMMESCH EXECUTIVE DIRECTOR	40 00			X			65,522	0	20,062	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JULIE SCHUELLER FINANCE DIRECTOR	40 00			X				66,128	0	7,469
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							132,383	0		27,531

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	220,077		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	52,528		
	g Noncash contributions included in lines 1a - 1f \$ _____				
h Total. Add lines 1a-1f		272,605			

Program Service Revenue			Business Code			
	2a RENTAL INCOME		531110	1,390,963	1,390,963	
b FEES FOR SERVICE		624200	653,727	653,727		
c DEBT SUBSIDY INCOME		624200	38,281	38,281		
d DEVELOPER FEE		531110	30,015	30,015		
e LAUNDRY INCOME		531110	15,566	15,566		
f All other program service revenue			10,820	10,820		
g Total. Add lines 2a-2f			2,139,372			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			13,773			13,773
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses		453				
	c Gain or (loss)		-453				
	d Net gain or (loss)			-453	-453		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS INCOME	900099		78,626	78,626			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			78,626				
12 Total revenue. See Instructions			2,503,923	2,217,545	0	13,773	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	159,914	47,331	92,221	20,362
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	559,565	442,056	117,509	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.	37,967	29,994	7,973	
10 Payroll taxes.	53,151	41,989	11,162	
11 Fees for services (non-employees)				
a Management.				
b Legal.	2,592	1,338	1,254	
c Accounting.	89,976	46,435	43,541	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	6,933	6,933		
12 Advertising and promotion.	10,744	9,975	769	
13 Office expenses.	367,396	346,125	21,271	
14 Information technology.				
15 Royalties.				
16 Occupancy.	297,537	289,060	8,477	
17 Travel.	18,171	16,788	1,383	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	15,844	12,373	3,471	
20 Interest.	226,010	225,882	128	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	642,376	640,945	1,431	
23 Insurance.	44,813	36,287	8,526	
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 O.)				
a GENERAL DEVELOPMENT	130,000	130,000		
b PROPERTY MANAGEMENT	77,265	77,265		
c BAD DEBTS	2,697	302	2,395	
d				
e All other expenses	104,474	103,376	1,098	
25 Total functional expenses. Add lines 1 through 24e.	2,847,425	2,504,454	322,609	20,362
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	230,793	1	445,460
	2 Savings and temporary cash investments	1,403,669	2	1,133,199
	3 Pledges and grants receivable, net	33,029	3	69,530
	4 Accounts receivable, net	190,300	4	188,090
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	235,023	7	245,257
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	31,339	9	42,765
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 16,691,254		
	b Less accumulated depreciation	10b 10,098,084	5,896,345	10c 6,593,170
	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	347,247	13	303,679
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	820,206	15	804,525
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,187,951	16	9,825,675	
Liabilities	17 Accounts payable and accrued expenses	192,259	17	207,223
	18 Grants payable	9,610	18	9,610
	19 Deferred revenue	554,800	19	623,106
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	80,500	21	126,031
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	5,487,525	23	6,364,577
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	1,159	25	0
	26 Total liabilities. Add lines 17 through 25	6,325,853	26	7,330,547
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,862,098	27	2,495,128
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,862,098	33	2,495,128	
34 Total liabilities and net assets/fund balances	9,187,951	34	9,825,675	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,503,923
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,847,425
3	Revenue less expenses Subtract line 2 from line 1	3	-343,502
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,862,098
5	Net unrealized gains (losses) on investments	5	-23,568
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	100
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,495,128

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed 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?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 41-1752558

Name: CENTRAL MINNESOTA HOUSING
PARTNERSHIP INC

Form 990 (2018)

Form 990, Part III, Line 4a:

AFFORDABLE HOUSING CMHP ASSET MANAGES 664 UNITS OF AFFORDABLE HOUSING CMHP VALUES ITS OWNERSHIP AND INTEREST IN RENTAL PROPERTIES AND TAKES RESPONSIBILITY FOR THE LONG-TERM HEALTH AND WELFARE OF ALL PROJECTS WITH WHICH ASSOCIATED FUNCTIONS OF ASSET MANAGEMENT INCLUDE MONITORING PROGRAMS, FUNDERS, AND FINANCING REQUIREMENTS TO ASSURE COMPLIANCE AND TIMELY REPORTING, OVERSIGHT OF PROPERTY MANAGEMENT ACTIVITIES OF THE PROFESSIONAL PROPERTY MANAGERS, SITE VISITS, MONTHLY FINANCIAL REPORTS, ANNUAL BUDGET APPROVAL, CAPITAL IMPROVEMENT PLANNING AND TENANT SURVEYS CMHP COMMUNICATES ON A REGULAR BASIS WITH PROPERTY MANAGERS, INVESTORS AND FUNDERS AS CMHP CONTINUES TO DEVELOP NEW OR ACQUIRES AND REHABS EXISTING RENTAL PROPERTIES, IT WILL CONTINUE TO ADD AFFORDABLE RENTAL UNITS TO ITS ASSET MANAGEMENT PORTFOLIO IN 2018, CMHP PRESERVED HORIZON MANOR IN BERTHA AND SOLD TURTLE RIDGE TOWNHOMES IN ST FRANCES

Form 990, Part III, Line 4b:

PROPERTY MANAGEMENT CMHP HANDLES ALL ASPECTS OF THE OPERATIONS, MANAGEMENT AND MAINTENANCE OF SELECTED PROPERTIES IN THEIR PORTFOLIO CMHP'S PROPERTY MANAGEMENT DIVISION RECRUITS, SCREENS, SELECTS AND PLACES APPLICANTS IN HOUSING AND IS RESPONSIBLE FOR THE FINANCIAL MANAGEMENT, BUDGETING, CARETAKING SUPERVISION, REPORTING AND COMPLIANCE OF EACH PROJECT IN 2011, CMHP PARTNERED WITH A FOR PROFIT DEVELOPER TO PRESERVE AN EXISTING RENTAL PROPERTY, SOUTH HAVEN, IN BRAINERD MINNESOTA CMHP RECEIVES A FEE ANNUALLY FOR THE COMPLIANCE WORK THAT THEY PROVIDE FOR SOUTH HAVEN IN 2018, CMHP TOOK OVER MANAGEMENT OF REICHERT PLACE IN LONG PRAIRIE, INCREASING THE NUMBER OF PROPERTIES CMHP MANAGES TO 22 RURAL DEVELOPMENT/TAX CREDIT PROJECTS CONSISTING OF 435 UNITS OF AFFORDABLE RENTAL

Form 990, Part III, Line 4c:

RENTAL REHABILITATION DEFERRED LOAN PROGRAM (RRDL) IN 2012, CMHP BECAME AN ADMINISTRATOR OF THE (RRDL) RENTAL REHABILITATION DEFERRED LOAN PILOT PROGRAM, CREATED AND FUNDED BY MINNESOTA HOUSING RRDL PROVIDES ELIGIBLE AFFORDABLE RENTAL PROPERTY OWNERS WITH 0% DEFERRED, PARTIALLY FORGIVABLE LOANS TO COVER THE COSTS OF NEEDED REHABILITATION ITEMS SUCH AS ROOFING, WINDOWS, DOORS, HVAC, PLUMBING, ENERGY EFFICIENCY AND HEALTH AND SAFETY ITEMS THE MAXIMUM LOAN AMOUNT IS \$300,000, WHICH CAN ALSO PAY FOR ELIGIBLE SOFT COSTS RRDL LOANS CARRY COMPLIANCE REQUIREMENTS TO KEEP RENTS AFFORDABLE TO LOW AND MODERATE INCOME HOUSEHOLDS CMHP CHARGES AN RRDL APPLICATION FEE IN THE AMOUNT OF \$100 PER UNIT WITH A \$3,000 MAXIMUM FUNDED PROJECTS WILL THEN BE CHARGED AN ADMINISTRATIVE FEE THE LESSER OF \$950 PER UNIT OR 10% OF THE RRDL LOAN THE PAID APPLICATION FEE IS SUBTRACTED FROM THE CALCULATED ADMINISTRATIVE FEE AS THE APPLICATION FEE IS A NON-ELIGIBLE SOFT COST EXPENSE, WHILE THE ADMINISTRATIVE FEE IS AN ELIGIBLE SOFT COST EXPENSE IN 2018, CMHP WAS IN RRDL VARIOUS PROGRAM STAGES WITH 9 RRDL PROJECTS

SCHEDULE A
(Form 990 or
990EZ)

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CENTRAL MINNESOTA HOUSING
PARTNERSHIP INC

Employer identification number
41-1752558

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ►
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ►
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

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

(Complete only if you checked the box on line 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	219,637	209,659	353,520	299,160	272,605	1,354,581
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,821,022	1,476,822	2,168,341	1,792,636	2,139,372	9,398,193
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,040,659	1,686,481	2,521,861	2,091,796	2,411,977	10,752,774
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	553,005	177,708	378,445	28,547	244,309	1,382,014
c	Add lines 7a and 7b	553,005	177,708	378,445	28,547	244,309	1,382,014
8	Public support. (Subtract line 7c from line 6.)						9,370,760

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	2,040,659	1,686,481	2,521,861	2,091,796	2,411,977	10,752,774
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,474	12,850	9,142	13,619	13,773	64,858
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	15,474	12,850	9,142	13,619	13,773	64,858
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.)	39,896	94,184	86,996	81,577	78,626	381,279
13	Total support. (Add lines 9, 10c, 11, and 12.)	2,096,029	1,793,515	2,617,999	2,186,992	2,504,376	11,198,911
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	83.680 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	89.040 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0.580 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	0.640 %

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

		Yes	No
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.		
	1		
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).		
	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.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
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.		
	3c		
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.		
	4a		
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.		
	4b		
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.		
	4c		
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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
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).		
	7		
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).		
	8		
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 .		
	9a		
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 .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
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 line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section 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 trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization'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 organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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 year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section 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	
Section 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)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	
Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified 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 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	MISCELLANEOUS INCOME - 2014 AMOUNT \$ 39,896 2015 AMOUNT \$ 94,184 2016 AMOUNT \$ 86,996 2017 AMOUNT \$ 81,577 2018 AMOUNT \$ 78,626

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
CENTRAL MINNESOTA HOUSING PARTNERSHIP INC

Employer identification number
41-1752558

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,013,410		1,013,410
b Buildings		14,588,068	9,396,160	5,191,908
c Leasehold improvements				
d Equipment		1,089,776	701,924	387,852
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				6,593,170

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 Cost 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. (Column (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 Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (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

(a) Description	(b) Book value
(1) ACCOUNTS RECEIVABLE - RELATED PROJECTS	804,525
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	804,525

Part X 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
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)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 41-1752558

Name: CENTRAL MINNESOTA HOUSING
PARTNERSHIP INC

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	CMHP IS A FISCAL AGENT FOR RIVERSIDE TOWNHOMES

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS EXEMPT FROM INCOME TAXES PURSUANT TO INTERNAL REVENUE CODE SECTION 501 (C)(3) AND CORRESPONDING STATE TAX CODES THE ORGANIZATION IS NOT A PRIVATE FOUNDATION, AND CONTRIBUTIONS TO THE ORGANIZATION QUALIFY AS A CHARITABLE TAX DEDUCTION BY THE CONTRIBUTOR THE ORGANIZATION FILES AS A TAX EXEMPT ORGANIZATION SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION WOULD BE SUBJECT TO REVIEW BY THE INTERNAL REVENUE SERVICE

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
CENTRAL MINNESOTA HOUSING
PARTNERSHIP INC

Employer identification number

41-1752558

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B	NO COMMITTEE HAS BEEN GIVEN AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	DRAFT COPIES OF THE 990 WILL BE DISTRIBUTED TO ALL BOARD MEMBERS AS SOON AS IT IS AVAILABLE AND VOTED ON FOR APPROVAL AND FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE POLICY IS REVIEWED ANNUALLY AND SIGNED BY ALL BOARD MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE ARE RESPONSIBLE FOR DETERMING THE EXECUTIVE DIRECTOR'S COMPENSATION THE BOARD LAST REVIEWED THE COMPENSATION OF THE EXECUTIVE DIRECTOR IN 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST OR BY CONTRACT, AND ARE EITHER SENT BY MAIL, FAXED OR EMAIL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	HORIZON LP - NEW WHOLLY OWNED IN 2018 100

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CENTRAL MINNESOTA HOUSING
PARTNERSHIP INC

Employer identification number

41-1752558

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

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CENTRAL MINNESOTA COMMUNITY LAND TRUST 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 86-1129033	HOLD LAND LEASES	MN	501(C)(3)	7	CENTRAL MN HOUSING PARTNERSHIP		No

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) ALBERTVILLE TOWNHOMES GP LLC 2355 POLARIS LANE NORTH SUITE 100 PLYMOUTH, MN 55447 26-0318929	HOLD CONTRACTS	MN	N/A	C	20,035	-63	51 000 %		No

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

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

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

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 41-1752558
Name: CENTRAL MINNESOTA HOUSING PARTNERSHIP INC

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) CENTRAL MINNESOTA SINGLE FAMILY HOUSING LLC 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 41-1999354	HOLD CONTRACTS AND PROPERTY	MN	13,686	860,388	CENTRAL MN HOUSING PARTNERSHIP
(1) HOWARD LAKE HOUSING PARTNERSHIP LLC 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 41-1999352	HOLD CONTRACTS AND PROPERTY	MN	209,334	608,726	CENTRAL MN HOUSING PARTNERSHIP
(2) CENTRAL MN MULTI-FAMILY HOUSING LLC 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 41-1999353	HOLD CONTRACTS	MN	66	70,060	CENTRAL MN HOUSING PARTNERSHIP
(3) NORTHCREST TOWNHOMES LLC 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 41-1988547	HOLD CONTRACTS AND PROPERTY	MN	25	132,434	CENTRAL MN HOUSING PARTNERSHIP
(4) MEADOW VIEW TOWNHOMES LLC 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 14-1859707	HOLD CONTRACTS AND PROPERTY	MN	0	226,602	CENTRAL MN HOUSING PARTNERSHIP
(5) WATERS EDGE TOWNHOMES LLC 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 41-1953074	HOLD CONTRACTS AND PROPERTY	MN	5,414	440,248	CENTRAL MN HOUSING PARTNERSHIP
(6) TURTLE RIDGE TOWNHOMES LLC 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 41-1944084	HOLD CONTRACTS AND PROPERTY	MN	224,508	0	CENTRAL MN HOUSING PARTNERSHIP
(7) HIGHLAND COURT TOWNHOMES LLC 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 41-1988559	HOLD CONTRACTS AND PROPERTY	MN	20,577	40,111	CENTRAL MN HOUSING PARTNERSHIP
(8) WEST BIRCH TOWNHOMES LLC 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 41-1882176	HOLD CONTRACTS AND PROPERTY	MN	16,190	55,612	CENTRAL MN HOUSING PARTNERSHIP
(9) RIVER VIEW TOWNHOMES LLC 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 41-1838312	HOLD CONTRACTS AND PROPERTY	MN	6,230	256,195	CENTRAL MN HOUSING PARTNERSHIP
(10) SUNCREST APARTMENTS LLC 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 26-1569649	HOLD CONTRACTS AND PROPERTY	MN	0	86,114	CENTRAL MN HOUSING PARTNERSHIP
(11) RIDGEVIEW COURT TOWNHOMES LLC 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 41-1838310	HOLD CONTRACTS AND PROPERTY	MN	5,058	189,276	CENTRAL MN HOUSING PARTNERSHIP
(12) CARLSON CROSSING TOWNHOMES LLC 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 61-1753593	HOLD CONTRACTS AND PROPERTY	MN	7,987	294,194	CENTRAL MN HOUSING PARTNERSHIP
(13) CENTRAL MN HOUSING EQUITY FUND LLC 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 47-4149513	INVESTMENT OWNERSHIP	MN	15,927	7,681	CENTRAL MN HOUSING PARTNERSHIP
(14) RIVER VIEW TOWNHOMES LP 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 41-1838311	HOLD CONTRACTS AND PROPERTY	MN	218,047	515,370	CENTRAL MN HOUSING PARTNERSHIP
(15) RIDGEVIEW COURT TOWNHOMES LP 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 41-1838309	HOLD CONTRACTS AND PROPERTY	MN	145,495	635,989	CENTRAL MN HOUSING PARTNERSHIP
(16) NORTHCREST TOWNHOMES LP 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 41-1989670	HOLD CONTRACTS AND PROPERTY	MN	191,995	930,771	CENTRAL MN HOUSING PARTNERSHIP
(17) HIGHLAND COURT TOWNHOMES LP 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 41-1989654	HOLD CONTRACTS AND PROPERTY	MN	187,993	1,295,253	CENTRAL MN HOUSING PARTNERSHIP
(18) EDEN PLACE APARTMENTS LP 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 41-1880227	HOLD CONTRACTS AND PROPERTY	MN	82,156	190,847	CENTRAL MN HOUSING PARTNERSHIP
(19) HORIZON MANOR LP 37 28TH AVENUE NORTH SUITE 102 ST CLOUD, MN 56303 82-5113805	HOLD CONTRACTS AND PROPERTY	MN	57,426	773,407	CENTRAL MN HOUSING PARTNERSHIP

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CARLSON CROSSING TOWNHOMES OF ST JOSEPH LP 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 47-2920416	RENTAL PROPERTY	MN	CARLSON CROSSING TOWNHOMES LLC	RELATED	-11	301,157		No		Yes		0 010 %
(1) GRAND OAKS COURT TOWNHOMES OF BAXTER LP 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 26-4389219	RENTAL PROPERTY	MN	GRAND OAKS COURT TOWNHOMES LLC	RELATED	-10	40,191		No		Yes		0 010 %
(2) GRAND OAKS TOWNHOMES OF BAXTER LP 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 38-3694959	RENTAL PROPERTY	MN	GRAND OAKS TOWNHOMES LLC	RELATED	-4	23,236		No		Yes		0 010 %
(3) GRANITE LEDGE TOWNHOMES OF COLD SPRING LP 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 41-1911936	RENTAL PROPERTY	MN	GRANITE LEDGE TOWNHOMES LLC	RELATED	-2	15,376		No		Yes		0 010 %
(4) LEIGHTON'S LANDING TOWNHOMES II OF BIG LAKE LP 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 35-2532802	RENTAL PROPERTY	MN	LEIGHTON'S LANDING TOWNHOMES II LLC	RELATED	-1	304,388		No			No	0 010 %
(5) MEADOW VIEW TOWNHOMES OF ZIMMERMAN LP 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 14-1859710	RENTAL PROPERTY	MN	MEADOW VIEW TOWNHOMES LLC	RELATED	-3	90,486		No		Yes		0 010 %
(6) RANT OF SAUK RAPIDS LP 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 32-0154209	RENTAL PROPERTY	MN	RANT LLC	RELATED	-11	-5,732		No		Yes		0 010 %
(7) REICHERT PLACE OF LONG PRAIRIE LP 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 41-1983178	RENTAL PROPERTY	MN	REICHERT PLACE LLC	RELATED	-88,785	264,984		No		Yes		0 010 %
(8) ROCKFORD-DEVONSHIRE LP 201 N BROAD ST MANKATO, MN 55001 41-1802453	RENTAL PROPERTY	MN	ROCKFORD-DEVONSHIRE LLC	RELATED	29,828	309,883		No			No	50 000 %
(9) SPRUCEWOOD TOWNHOMES OF BAXTER LP 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 90-0989858	RENTAL PROPERTY	MN	SPRUCEWOOD TOWNHOMES LLC	RELATED	-14	57,582		No		Yes		0 010 %
(10) SUNCREST APARTMENTS OF AVON LP 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 26-1569771	RENTAL PROPERTY	MN	SUNCREST APARTMENTS LLC	RELATED	-13,133	332,388		No		Yes		0 010 %
(11) TIMBERLAND TOWNHOMES OF BRAINERD LP 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 26-0011499	RENTAL PROPERTY	MN	TIMBERLAND TOWNHOMES LLC	RELATED	-8	19,100		No		Yes		0 010 %
(12) TOWER TERRACE LP 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 41-1783614	RENTAL PROPERTY	MN	TOWER TERRACE LLC	RELATED	-3,679	329,482		No		Yes		0 500 %
(13) TURTLE RIDGE TOWNHOMES OF ST FRANCIS LP 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 41-1944085	RENTAL PROPERTY	MN	TURTLE RIDGE TOWNHOMES LLC	RELATED	-5			No		Yes		0 010 %
(14) WATERS EDGE TOWNHOMES OF WATERTOWN LP 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 41-1953072	RENTAL PROPERTY	MN	WATERS EDGE TOWNHOMES LLC	RELATED	-4	371,500		No		Yes		0 010 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) WEST BIRCH TOWNHOMES OF PRINCETON LP 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 41-1882175	RENTAL PROPERTY	MN	WEST BIRCH TOWNHOMES LLC	RELATED	-1	754,057		No		Yes		0 010 %
(1) GRAND OAKS TOWNHOMES LLC 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 37-1481430	HOLD CONTRACTS AND PROPERTY	MN	N/A	RELATED	17,203	32,866		No			No	51 000 %
(2) GRAND OAKS COURT TOWNHOMES LLC 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 37-1481430	HOLD CONTRACTS AND PROPERTY	MN	N/A	RELATED	10,304	10,165		No			No	51 000 %
(3) GRANITE LEDGE TOWNHOMES LLC 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 41-1911935	HOLD CONTRACTS AND PROPERTY	MN	N/A	RELATED	-1,485	38,314		No			No	51 000 %
(4) LEIGHTON'S LANDING TOWNHOMES II LLC 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 47-3979188	HOLD CONTRACTS AND PROPERTY	MN	N/A	RELATED	-2,454	133,324		No			No	75 250 %
(5) RANT LLC 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 32-0154205	HOLD CONTRACTS AND PROPERTY	MN	N/A	RELATED	49,787	4,715		No		Yes		51 000 %
(6) REICHERT PLACE OF LONG PRAIRIE LLC 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 41-1983177	HOLD CONTRACTS AND PROPERTY	MN	N/A	RELATED	-42,141	132,956		No			No	50 000 %
(7) SPRUCEWOOD TOWNHOMES LLC 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 46-2894340	HOLD CONTRACTS AND PROPERTY	MN	N/A	RELATED	676	32,554		No		Yes		51 000 %
(8) TIMBERLAND TOWNHOMES LLC 37 28TH AVE N SUITE 102 ST CLOUD, MN 56303 26-0011468	HOLD CONTRACTS AND PROPERTY	MN	N/A	RELATED	5,516	36,603		No			No	51 000 %