For	- ,990- T -	E	Exempt Organization Bu			ax Returr	1911	MB No 1545-0687
	u		(and proxy tax un			20 201		2017
		For ca	lendar year 2017 or other tax year beginning \underline{JUL} 1				<u>.8</u>	ZU 17
	artment of the Treasury nal Revenue Service		► Go to www.irs gov/Form990T for i Do not enter SSN numbers on this form as it ma				Ope	n to Public Inspection for (c)(3) Organizations Only
A	Check box if		r				D Employer	identification number
A 1	address changed	}	Marile of organization (officer box 2 1313	'9 ''3	dind-seginstructions 2	1 0	(Employer	es' trust, see ns)
В	Exempt under section	Print	HOUSING INITIATIVE PAR	RTNE	ERSHIP, INC.			1596171
X	501(c)(3)	or Type	Number, street, and room or suite no. If a P.O. bo				E Unrelated (See instru	business activity codes ictions)
	408(e)220(e)	Type	6525 BELCREST ROAD, NO					
Ļ	408A530(a)		City or town, state or province, country, and ZIP		gn postal code		90009	.0
C B	529(a)		HYATTSVILLE , MD 20782 F Group exemption number (See instructions.)	<u>.</u>		<u> </u>	90009	19
at	end of year 4,111,8	38	G Check organization type ► X 501(c) cor	poratio	n 501(c) trust	401(a)	trust	Other trust
H D			ary unrelated business activity TRANSI					
			oration a subsidiary in an affiliated group or a pare			▶ [Yes	X No
	-		rfying number of the parent corporation.		, , , , ,	, -		
_			OUSING INITIATIVE PART	NER	SHIP Telepho	one number 🕨 3	01-69	9-3835
Pa	rt I Unrelated	Trad	le or Business Income		(A) income	(B) Expenses		(C) Net
1 a	Gross receipts or sales	S						
b	Less returns and allow	vances	c Balance	10				
2	Cost of goods sold (So	chedule .	A, line 7)	2				
3	Gross profit. Subtract I		171	3				<u> </u>
4 a	Capital gain net incomi		· · · · · · · · · · · · · · · · · · ·	4a				
· b			art II, line 17) (attach Form 4797)	4b				
C	Capital loss deduction			4c				
5	, ,	•	os and S corporations (attach statement)	5_ 6				
6 7	Rent income (Schedule Unrelated debt-finance	,	a (Schadula E)	7				
8			nd rents from controlled organizations (Sch. F)	8				
9			n 501(c)(7), (9), or (17) organization (Schedule G)					-
10	Exploited exempt activi			10				
11	Advertising income (So	chedule .	J) `	11				
12	Other income (See inst			12				
13	Total, Combine lines 3			13	0.			
Pa			t Taken Elsewhere (See instructions for ions, deductions must be directly connected			income.)		
14	Compensation of offic	ers, dire	ectors, and trustees (Schedule K)				14	
15	Salaries and wages		r				15	
16	Repairs and maintenai	псе		_	RECEIVED	1	16	
17	Bad debts		19	2		ပ္က	17	
18	Interest (attach schedu	ule)]	253	MAR 2 3 2020	Ϋl	18	
19	Taxes and licenses		}	<u></u>		SO SC	19	
20			nstructions for limitation rules)	(GDEN ₂ UT	= }	20	
21	Depreciation (attach Fo		•				206	
22 23	Depletion	nea on s	Schedule A and elsewhere on return		22a		22b 23	
23 24	Contributions to deferr	ed com	nensation plans			<u> </u>	24	
25	Employee benefit progr		pensation plans			-	25	
26	Excess exempt expens		edule ()			†	26	
27	Excess readership cost						27	<u>-</u>
28	Other deductions (attac		-				28	
29	Total deductions. Add		-				29	0.
30			ome before net operating loss deduction. Subtract	line 29	from line 13		30	0.
31	Net operating loss dedu	uction (I	imited to the amount on line 30)				31	-
32			ome before specific deduction. Subtract line 31 fro		30	<u> </u>	32	0.
33			i1,000, but see line 33 instructions for exceptions)			_	33	1,000.
34		xable in	come Subtract line 33 from line 32. If line 33 is g	reater t	han line 32, enter the smal			•
	line 32		rk Paduation Act Notice con instructions				34	0. m 990-T (2017)

Form 980-	T(2017) HOUSING INITIATIVE PARTNERSHIP, INC.	52-15	96171	Page
Part	II Tax Computation			
35	Organizations Taxable as Corporations See instructions for tax computation			
	Controlled group members (sections 1561 and 1563) check here See instructions and.			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):			
	(1) \[\s \			
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			
	(2) Additional 3% tax (not more than \$100,000)	i		
С	Income tax on the amount on line 34	>	35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line	34 from:		
	Tax rate schedule or Schedule D (Form 1041)	>	36	
37	Proxy tax See instructions	•	37	
38	Alternative minimum tax	•	38	
39	Tax on Non-Compliant Facility Income See Instructions		39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	0.
	V Tax and Payments			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a			
b	Other credits (see instructions) 41b		7	
c	General business credit. Attach Form 3800	1	7	
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 41d	1	7	
_	Total credits. Add lines 41a through 41d	·	41e	
42	Subtract line 41e from line 40		42	0.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43	_ Other (analon soricatio)	44	0.
	Payments: A 2016 overpayment credited to 2017	}	177	
	2017 estimated tax payments 45b		-	
	Tax deposited with Form 8868 45c		1 1	
	·		1 1	
	,		-	
	,		-	
	,		1	
g		306.	1 1	
40			7 1	306.
		ENII	46	300.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	_	48	
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49	306.
	• •	Pofunded -	50	306.
	Enter the amount of line 49 you want: Credited to 2018 estimated tax Statements Regarding Certain Activities and Other Information (se	Refunded Refunded	1 30 1	300.
				Yes No
	At any time during the 2017 calendar year, did the organization have an interest in or a signature or othe over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may ha			TES INO
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign			
		Country		
	Nerve the toward did the expension receive a distribution from as was if the granter of as transferor	r to a foreign truct?		- X X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferol If YES, see instructions for other forms the organization may have to file.	i to, a toreigh trustr		├ ├ ^
	nter the amount of tax-exempt interest received or accrued during the tax year > \$			
53 E	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	s, and to the best of my kno	wledge and belief	ıt ıs true
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has an	y knowledge		
lere	Maria 1 3/10/00 EXECUTIVE	D T D D O D O D I	ay the IRS discuss	
	Signature of officer Date Title		e preparer shown t structions)?	· — •
	Destruction or angular compa			TES NO
	Print/Type preparer's name Preparer's signature Date	,	f PTIN	
Paid	DAVID TONES 1 1/1/1/1 3/12/	self- employed	D0136	1002
Prepar	LE LOUIS AND TOUR AND TOURS AND TOUR AN		P0136	
Use Or	iy Firm's name ► JONES, MARESCA & MOQUADE, P.A.	Firm's EIN	24-18	353933
	· ·	ITE	10 004	0220
	Firm's address ► COLUMBIA, MD 21044	Phone no 4	<u> 10-884-</u>	
			Form	990-T (2017)

Schedule A - Cost of Good	ds Sold. Ente	r method of inve	ntory v	valuation N/A	<u> </u>				
1 Inventory at beginning of year					_6				
2 Purchases	2	- "	7 Cost of goods sold Subtract line 6			line 6			
3 Cost of labor	3	•		from line 5 Enter here	and in	Part I,			
4 a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	n 263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or	acquire	d for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?					L
Schedule C - Rent Income (see instructions)	(From Real	Property ar	d Pe	rsonal Property	Leas	ed With Real Pro	pert	у)	
1 Description of property									
(1)						 			
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued						<u> </u>	
(a) From personal property (if the personal property is more 10% but not more than 50%	re than	of rent for	personal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) as	y conne nd 2(b) (cted with the income in attach schedule)	j
(1)								·	
(2)	-								
(3)		-							
(4)									
Total	0.	Total			0.				
c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)				0.	(b) Total deductions Enter here and on page 1, Part I, line 6 column (B)	>		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	instru	ctions)	,				
			2	Gross income from	ļ	 Deductions directly con to debt-finance 			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									
(2)									
(3)			1					,	
(4)								· · · · · · · · · · · · · · · · · · ·	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to nced property schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(0	8. Allocable deduction column 6 x total of column 3(a) and 3(b))	
(1)			1	%					
(2)				%					
(3)				%					
(4)	•			%					
· · · · · · · · · · · · · · · · · · ·			•			iter here and on page 1, art ! line 7, column (A)		nter here and on page Part I, line 7, column (B)	
Totals						0 .			0.
Total dividends-received deductions in	cluded in column	8		- 1		<u> </u>			0.
						<u> </u>			<u> </u>

1 Name of periodical

2. Gross advertising and vertising costs

3 Direct advertising costs

(1)

(2)

(3)

(4)

Totals (carry to Part II, line (5))

2. Gross advertising and reflect advertising costs

3 Direct advertising sosts

(1) (5) (5) (Cos) (coil 2 minus coll 3) if a gain compute colls 5 through 7

5. Circulation income

6. Readership costs (column 6 minus column 4)

(3) (4)

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Part'il Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical		2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)					i		
Totals from Part I	•	0.	0.			-	0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11 col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	>	0.	0.	,	i,	• •	0

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

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

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FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 1
DESCRIPTION		AMOUNT
TAX PAID FOR TRANSIT BENE	FITS WITH 990T	306.
TOTAL INCLUDED ON FORM 99	00-T, PAGE 2, PART IV, LINE 45G	306.