

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)

2018

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.

Open to Public

OMB No 1545-0047

<u> </u>	רטו נוו	e 2018 calendar year, or tax year beginning OCT 1, 2016 and o	enaing _i	SEP 30, 2019					
В	Check if applicat	C Name of organization		D Employer identific	cation number				
	Addr	HOUSING RESOURCES CENTER, INC.							
Ē	Nam	Doing business as		58-2	137444				
F	Instra	Now have and attract (or D.O. hours made and appropriate extract address)	Room/suite	E Telephone number	<u> </u>				
F	Final	D O BOX 53274			816-9770				
	termi			G Gross receipts \$ 546,863.					
Г	Amer	nded AMIANTAN CA 20255		H(a) Is this a group return					
F	Appli		-	for subordinates					
	pend			H(b) Are all subordinates in	= =				
$\overline{}$	Tay-e	tempt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) o	or 52	¬ : >7	list (see instructions)				
		ite: WWW.HOUSINGRESOURCECENTER.COM	02	H(c) Group exemptio					
		forganization: X Corporation Trust Association Other	I Yea		A State of legal domicile; GA				
	art I	Summary	1 2 100	TOTIONIARON,>>- II	otate of logar dofficing. Gala				
\ <u>-</u>	1	· , , , , , , , , , , , , , , , , , , ,	DES 1	MANAGEMENT AS	SSISTANCE				
ė		<i>,</i>		SONS WITH					
Governance	2	Check this box if the organization discontinued its operations or disposi			sets				
/eri	3	Number of voting members of the governing body (Part VI, line 1a)	ca or mor	3	5				
ő	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	5				
		•		5	44				
Activities &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5				
Ž	-	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12	15	$2 \setminus \frac{3}{7a}$	0.				
Ac	/ a	Total unrelated business revenue from Part VIII, column (C), line 12		∞ \	0.				
_	0	Net unrelated business taxable income from Form 990-T, line 38	—						
		One Authorities and annuals (Dark VIIII June 41h)	-	Prior Year 16,253.	Current Year 0.				
e	8	Contributions and grants (Part VIII, line 1h)	-	443,081.	536,083.				
Revenue	9	Program service revenue (Part VIII, line 2g)	-	8,778.	10,409.				
è	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u></u>	8,439.	371.				
	יין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	⊢	476,551.	546,863.				
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		280.	755.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-						
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	253,431.	249,618.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	, <u>Γ</u>	0.	0.				
Ž	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>	200 042	004 700				
ш	' 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	268,842.	284,798.				
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	522,553.	535,171.				
	19	Revenue less expenses Subtract line 18 from line 12		-46,002.	11,692.				
Net Assets or	9	•	<u> </u>	eginning of Current Year	End of Year				
set	20	Total assets (Part X, line 16)	ļ	779,426.	819,094.				
Ä	21	Total liabilities (Part X, line 26)	ļ	5,054.	7,167.				
Ž	22	Net assets or fund balances Subtract line 21 from line 20		774,372.	811,927.				
_		Signature Block		 	 				
		alues of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is				
true	e, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of whi	ich prepare	r has any knowledge.					
		alunstar		Data A	· · · · · · · · · · · · · · · · · · ·				
Sig	ın	Signature of officer		Date	10/2021				
He	re	ALAN PATRICIO, PRESIDENT		-	10 000				
_		Type or print name and title	1	Data	DTIN				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Pai	d	ANGELA T. DOTSON ANGELA T. DOTSON	[02/08/21 self-employ					
	parer	Firm's name APRIO, LLP		Fırm's EIN ▶	57-1157523				
Use	Only	Firm's address 5 CONCOURSE PARKWAY, SUITE 1000							
_		ATLANTA, GA 30328	•	Phone no (4	<u>04) 892-9651</u>				
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)	_		X Yes No				

Form	990 (2018) HOUSING RESOURCES CENTER, INC.	58-2137444 Page 2
Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
•	PROVIDES MANAGEMENT ASSISTANCE FOR HOUSING FOR THE ELDERI	V DISARLED
	AND PERSONS WITH DISABILITIES, AND PROVIDES TECHNICAL ASS	
	ORGANIZATIONS WHICH PROVIDE HOUSING FOR THE ELDERLY, DISA	ABLED, AND
	PERSONS WITH DISABILITIES.	
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 r	neasured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	revenue, if any, for each program service reported	, .
_	755	
4a		
	PROVIDES SUPPORT AND ADMINISTRATION FOR CAMILE PAHWA SCHO	DLARSHIP FUND
		×
4b	(Code) (Expenses \$ 371,015. including grants of \$) (Revenue	536,083.
		PHASES OF
		DERDI FERSONS
	WITH DISABILITIES AND LOW INCOMES.	
		-
4c	(Code) (Expenses \$ including grants of \$) (Revenue	
	PROVIDES TECHNICAL ASSISTANCE ON LOW INCOME HOUSING TAX (CREDIT PROGRAMS
	INVOLVING 1 PROJECT APPLICATION.	
	INVOLVING I INCOLUTIONITEM	
		· · · · · · · · · · · · · · · · · · ·
		-
_		
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 371,770.	
<u>→e</u>	Total program service expenses	Form 990 (2018
		Form 33U (201)

Form 990 (2018) HOUSING RESOURCES CENTER, INC.

Part IV Checklist of Required Schedules

				-
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		v
_	Schedule D, Part III	8		X
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?			x
40	If "Yes," complete Schedule D, Part IV	9		Λ
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		х
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	X.550	VANI
11	as applicable	S		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	400 C	#.7.3%	ME 5,488
a	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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 167 /f "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			7.5
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes." complete Schedule I. Parts I and II	21	000	X

Form 990 (2018) HOUSING RESOURCES (Part V Checklist of Required Schedules (continued)

			Yes	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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			_v
	Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
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? If "Yes," complete Schedule L, Part III	27	00° W 200	X
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		├ <u>^</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		<u> </u>
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٥.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N. Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36_		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	<u> </u>	
30	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par		,	-	·
2.4%	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			
	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			i-1
	(gambling) winnings to prize winners?	1c	X	
832004	1 12-31-18	Form	990 ((2018)

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 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 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 less as bank account, securities account, or other financial accounts (FBAR) b If "Yes," enter the name of the foreign country less genistructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 3b Was the organization a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization receive any fund	Form	990'(2018) HOUSING RESOURCES CENTER, INC.	58-2137	7444	Р	age 5
2a Earth the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calandar yest ending with or within the year covered by this return b if at least one is reported on Inio 23, did the organization file all required federal employment tax returns? Note, If the sum of lines 1s and 2 as greater than 250, you may be required to e-rife (see instructions) 3b Drift the organization have unrelated business goes income of \$1.000 or more during the year? b if "Yes," has it filed a form 950° for this year? If Yo' to line 35, provide an explanation in Schedule O at Ast you then the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bahk and Financial Accounts (*PBAf) 5a Was the organization in Foreign country. b if "Yes," and the see face 5t, did the organization that it was or is a party to a princhled tax shelfer transaction? 5b If "Yes," the file of the organization has the internation at any time during the tax year? 5c Diose the organization have annual gross recepts that are normally greater than \$100,000, and did the organization should with every solicitation an express statement that such contributions or grifts were not tax deductibles? 7c Organizations that may receive deductible contributions under section 170(c). b if "Yes," did the organization receive apyweit in excess of \$5′ made parity as contribution and gastly for goods and services provided? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization and general property for which it was required to the organization floring organization was malarising donor a division under section 49667 b of the organization organization maintaining donor a division organization floring makes a distribution to a donor, donor advisor, or related person? 9a Section	Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)				
Filed for the calendary year ending with or within the year covered by this return Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-title (see instructions) 3a					Yes	No
Filed for the calendary year ending with or within the year covered by this return Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-title (see instructions) 3a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		133		
b if at least one is reported on line 2a, did the organization file all required departs any process of the sum of lines 1 and 2 as greater than 250, you may be required to _eight (see mathuctions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990 Troth is year? // "yib." bit in 30, provide an explaination in Schedule O 4a. At any time during the callendary are, 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)? 5b If "Yes," has it filed a Form 990 Troth year, and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5c Busine the organization of foreign country (such as a bank account, securities account, or other financial account)? 5c Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," did the organization to tax deductible is a charitatele contributions? 5c If "Yes," did the organization neclude with every solicitation an express statement that such contributions or gifts were not tax deductible? 5c If "Yes," indicate the number of forms 8282? 5d If "Yes," indicate the number of forms 8282 filed during the year 5d Did the organization receive a payment in excess of \$5 made party as a contribution and party for goods and services provided? 6d If "Yes," indicate the number of forms 8282 filed during the year 5d Did the organization received a contribution of undertity, to pay premiums on a personal benefit contract? 6d If the organization received a contribution of undertity, to pay premiums on a personal benefit contract? 7d If the organization received a contribution of undertity, to pay premiums on a personal benefit			2a 44	l %		wii
Note. If the sum of here 1a and 2a is greater than 250, you may be required to e-tile (see instructions) 3a	ь		ıs?	2b		
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 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 (buch as a bank account; securities account, or other financial account)? b If "Yes," enter the name of the foreign country Power of the signature of the signature of the foreign country Power of the signature of the	_			9 - 6		
b If "Yes," has it field a Form 990-T for this year" // *No* to line 3b, provide an explanation in Schedule O 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)? b If "Yes," enter the name of the foreign country *Eve See instructions for filling 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? 5b D at any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization has tween not tax deductible as charitable contributions? b If "Yes," did the organization noticulde with every solicitation an express statement that such contributions or gifts were not tax deductible on the express statement that such contributions or gifts were not tax deductible on the organization and party for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b Ord the organization receive a payment in excess of 575 made party as a contribution on a personal benefit contract? 1 b Ord the organization or device diductible contributions under section and party for goods and services provided to the payor? 1 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 2 b Ord the organization received a contribution of cars, boats, arrivable payments on a personal benefit contract? 1 b If the organization received a contribution of oras, boats, arrivable payments of the organization file form 1098-C? 3 Sponsoring organization have excess business holdings at any time during the year? 5 Sponsoring organization maked a distribution of cars, boats, ar	За	• • • • • • • • • • • • • • • • • • • •	,	3a	************	
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)? b If "Yes," enter the name of the foreign country. 5a Was the organization from the state of the stat		· · ·)	3b		
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$ \mathbf{a}_{\mathbf{a}_{i}} _{i=1}^{n}$, if $ \mathbf{a}_{i} _{i=1}^{n}$ $ \mathbf{a}_{i} _{i=1}^{n}$	16	·	ıncome?	16		X
		·		*	\$\$	

Form **990** (2018)

Form 990 (2018) HOUSING RESOURCES CENTER, INC. 58-213/444 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

C200, 220	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O	_		a 140	respon.	36					
		See II	istructions			□					
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI					X					
Sec	tion A. Governing Body and Management		-		Τ.,	Ι					
		۱	1	5 M	Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		4							
	If there are material differences in voting rights among members of the governing body, or if the governing			- KA							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	۱		5							
b	Enter the number of voting members included in line 1a, above, who are independent	1b	L	-4							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any otner			v					
_	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under the	e airec	t supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?		- 5110	3	+	X					
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	5	+	X					
5											
_	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 ap	point	one or	1_							
	more members of the governing body?			<u>7a</u>	+	X					
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	lders, or			۱,,					
	persons other than the governing body?			7b	18. Jahren	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	e following:	:344							
а	The governing body?			<u>8a</u>	X	-					
þ	Each committee with authority to act on behalf of the governing body?			8b	X	 -					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	it the	İ		١					
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		T	Υ :					
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a	' 	X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10t		77					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befoi	re filing the form?	11a		X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			M.C	1 70						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			122		 					
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12t	X	├ -					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es, " d	escnbe		۱.,	ł					
	ın Schedule O how this was done			120	: X	37					
13	Did the organization have a written whistleblower policy?			13	1,,	X					
14	Did the organization have a written document retention and destruction policy?			14	X	0.06/88					
15	Did the process for determining compensation of the following persons include a review and approva		dependent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1.80%							
а	The organization's CEO, Executive Director, or top management official			15a	1	X					
Ь	Other officers or key employees of the organization			15b	0 5 8842 N.S	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	_									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent w	rith a			MACO					
	taxable entity during the year?			16a	1	X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	iizatior	ı's								
	exempt status with respect to such arrangements?			16b	1						
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶GA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-	T (Section 501(c)(3)s only	avaılal	ole					
	for public inspection. Indicate how you made these available. Check all that apply										
	Own website Another's website X Upon request Other (explain		•								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	offict o	f interest policy, a	nd finan	cıal						
	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 boo	ks and	d records 🕨								
	THE ORGANIZATION - 404-816-9770										

Form **990** (2018)

30355

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P.O. BOX 53274, ATLANTA,

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

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

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

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

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

(A)	(B)	organization compensat						(D)	(E)	(F)
Name and Title	Average			Pos	itior	1		Reportable compensation	Reportable	Estimated
	hours per	box	, unle	ss per	son I	than o	n an		compensation	amount of
	week	\vdash	ceran	d a d	recto	r/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		(** 2/ 1000 1/1100)		and related
	below	dual	ution	ъ	Key employee	est co	<u> </u>			organizations
	line)	횰	Insti	Officer	Key	Hgh In	Former			
(1) ALAN B PATRICIO	10.00									
PRESIDENT		Х		X				0.	0.	0 .
(2) SUSAN MCDONALD	0.50									
VICE PRESIDENT		Х		X				0.	0.	0.
(3) GARY EDWARDS	0.50	Į								
SECRETARY		X		X		<u></u>	L	0.	0.	0.
(4) ANN MARIE SCHMIDT	0.50							;		
BOARD MEMBER		X			_		_	0.	0.	0.
(5) JOHN SADLER	0.50							_		_
BOARD MEMBER		Х				_	<u> </u>	0.	0.	0.
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832007 12-31-18

Form **990** (2018)

Part VII. Section A. Officers, Directors, Tru		<u>ploy</u> I	ees,			ghes	st C			$\overline{}$	(=\)
(A)	(B) Average		(C) Position			1		(D)	(E)	,	(F)
Name and title	hours per		not c	heck	more	than o		Reportable compensation	Reportable compensation	1	Estimated amount of
	week					or/trus		from	from related	'	other
	(list any	ctor	ctor					the	organizations	CO	mpensation
	hours for	ag a	١					organization	(W-2/1099-MIS	C)	from the
	related	tee o	ustee	ļ		eusa		(W-2/1099-MISC)		Or	rganization
	organizations	Į	nal tr	1	loyee	E .					nd related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			org	ganizations
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1b Sub-total				<u> </u>		ч	—	0.		0.	0.
c Total from continuation sheets to Part V	II, Section A						ightharpoons	0.		0.	0.
d Total (add lines 1b and 1c)							<u> </u>	0.		0.	0.
2 Total number of individuals (including but	not limited to th	ose	liste	d at	oove) wh	o re	eceived more than \$100,	000 of reportable		0
compensation from the organization											Yes No
3 Did the organization list any former office	r. director. or tru	uster	e. ke	v en	nplo	vee.	or I	highest compensated er	nplovee on		
line 1a? If "Yes," complete Schedule J for			-,	,		, ,		3		3	X
4 For any individual listed on line 1a, is the s		le cc	mpe	ensa	ition	and	oth	ner compensation from t	he organization		
and related organizations greater than \$15	-							·	J	4	X
5 Did any person listed on line 1a receive or									dual for services	<u>as</u>	
rendered to the organization? If "Yes." col										5	X
Section B. Independent Contractors 1 Complete this table for your five highest or						noto	ro th	nat recovered more than \$	100 000 of compo	nnation f	
the organization Report compensation for											10111
(A) Name and busines		274		_				(B)			(C)
Name and busines	s address	NC	ONE	<u> </u>			\dashv	Description of s	ervices	Comp	ensation
	<u>-</u>						\dashv				
							_				
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0 Table 4 de la constitución de l									45	91839489578	
2 Total number of independent contractors \$100,000 of compensation from the organ		ot III	riited	3 TO 1	tnos (ıea	above) who received mo	1699		
							•		1."	•	n 990 (2018)

832008 12-31-18

Form 990 (2018) HOUSING
Part VIII Statement of Revenue

Total revenue Received of Description of Property of P			Check if Schedule O conta	ains a response d	or note to any lin				
b Membership dues c Fundaming events d Related organizations f All other program service revenue g Total. Add lines 2a-2f Total. Add lines 2a-2f Total. Add lines 2a-2f Total recomment gramma service revenue g Total. Add lines 2a-2f Total recomment gramma service revenue g Total. Add lines 2a-2f Total recomment gramma service revenue g Total. Add lines 2a-2f Total recomment of the revenue f Related organizations to determine minima minima service to the service of the						(A) Total revenue	exempt function	business	from tax under sections
d Related organizations d Related organizations d Related organizations f All other program service revenue c Total. Add lines 2a-27 d Related organizations d Related organiz	ts ts	1 a	Federated campaigns	1a					
d Related organizations d Related organizations d Related organizations f All other program service revenue c Total. Add lines 2a-27 d Related organizations d Related organiz	ran	þ	Membership dues	1ь					
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		e			>		7		
832009 12-31-18 Form 990 (2018)						546,863.	536,454.	U.	Form 990 (2018)

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 (D) Fundraising (A) Do not include amounts reported on lines 6b. Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 755 755 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 199,685. 159,748. 39,937. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 26,259. 32,824 6,565. Other employee benefits 17,109. 13,687. 3,422. 10 Payroll taxes Fees for services (non-employees) 74,349. 74,349 Management 1,750. 1,750. **b** Legal 70,042. 70,042. c Accounting d Lobbying Professional fundraising services See Part IV, line 17 908 908. Investment management fees Other (If line 11g amount exceeds 10% of line 25, 15,360. 7,532 7,828. column (A) amount, list line 11g expenses on Sch O) 1,716. 1,716. Advertising and promotion 12 40,583. 30,437. 10,146. 13 Office expenses 6,771. 5,078 1,693. 14 Information technology 15 Royalties 38,284. 12,761. 51,045. 16 Occupancy 6,553. 6,553. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 205. 205. 20 Payments to affiliates 21 3,352. 352. Depreciation, depletion, and amortization 22 1,156. 156. 23 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) COMMERCIAL PACKAGE 4,437. 4,437. 2,584. 2,584. GIFTS <u>1,751.</u> 1, 176.575. c MISCELLANEOUS EXPENSE 1,284. 284. d FINANCIAL SERVICE CHARG 952. 891. 61. e All other expenses 163,401. 535,171. 371. 770. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)

832010 12-31-18

्रह्मा	ſ,Ÿ <u>ſ</u>	Balance Sneet				·				
		Check if Schedule O contains a response or note	e to any line in this Part X	·						
		•	•	(A) .		(B)				
			•	Beginning of year		End of year				
	1	Cash non-interest-bearing	•	10,937.	1	1.				
İ	2	Savings and temporary cash investments	1	5,867.	2	2,580.				
	3	Pledges and grants receivable, net								
	4	Accounts receivable, net		528,857.	4	560,837.				
	5	Loans and other receivables from current and fo	rmer officers, directors,							
-		trustees, key employees, and highest compensa	ted employees Complete		:Æï					
		Part II of Schedule L			5					
	6	Loans and other receivables from other disqualif	ied persons (as defined under		and the same	Company of the Compan				
-		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing	Ping wing to the first component and committee of the com		economic and a majority of the second				
		employers and sponsoring organizations of sections	on 501(c)(9) voluntary		22					
छ		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	•				
Assets	7	Notes and loans receivable, net		•	7					
₹	8	Inventories for sale or use .	•		8					
	9	Prepaid expenses and deferred charges		` 165.	9	165.				
	10a	Land, buildings, and equipment cost or other	:							
		basis Complete Part VI of Schedule D	10a 41;132.		S.Ou					
	b	Less accumulated depreciation	10b 39,371.	5,113:	10c	1,761. 198,373.				
	11	Investments - publicly traded securities		187,891.	11	198,373.				
	12	Investments - other securities See Part IV, line 1	1	<u> </u>	12	_				
	13	Investments - program-related See Part IV, line		13						
	14	Intangible assets	10.506	14	55 388					
'	15	Other assets See Part IV, line 11	40,596.	15	55,377.					
	16	Total assets. Add lines 1 through 15 (must equa	779,426.	16	819,094.					
	17 -	Accounts payable and accrued expenses	5,054.	17	7,167.					
	18	Grants payable		18	-					
•	19	Deferred revenue	· ·	*	19	,				
	20	Tax-exempt bond liabilities			20					
	21	Escrow or custodial account liability Complete F			21					
es	22	Loans and other payables to current and former								
ij		key employees, highest compensated employee	s, and disqualined persons	mmeammannimumianiani	- 300	mmmmarmammin assertation distribution				
Liabilities		Complete Part II of Schedule L			22	` · · · · ·				
_	23	Secured mortgages and notes payable to unrela		•	23 24	(
	24	Unsecured notes and loans payable to unrelated			24	, ,				
•	25	Other liabilities (including federal income tax; par parties, and other liabilities not included on lines	•	٠.						
		Schedule D	17-24) Complete Fart X of		25					
	26	Total liabilities. Add lines 17 through 25		5,054.	26	7;167.				
	20	Organizations that follow SFAS 117 (ASC 958)	, check here	0,700	20					
		complete lines 27 through 29, and lines 33 and	,,		8/2/					
ces	27	Unrestricted net assets			27	,				
lan	28	Temporarily restricted net assets	•	•	28					
Fund Baiances	29	Permanently restricted net assets			29					
Ę		Organizations that do not follow SFAS 117 (A	SC 958), check here		7					
		and complete lines 30 through 34.	., <u></u>		Ľøž					
, ts	30	Capital stock or trust principal, or current funds		0.	30	0.				
Net Assets or	31	Paid-in or capital surplus, or land, building, or eq	uipment fund '	. 0.	31	0.				
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	32	Retained earnings, endowment, accumulated inc		774;372.	32	811,927.				
ž	33	Total net assets or fund balances	•	774,372.	33	811,927.				
	34	Total liabilities and net assets/fund balances		779,426.	34	- 819,094.				
			•			Form 990 (2018)				

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

За

X

Form **990** (2018)

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018
Open to Public Inspection

Name of the organization Employer identification number HOUSING RESOURCES CENTER, 58-2137444 Part 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 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 10 X 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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. 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. 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. 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. 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) (III) Type of organization (iv) is the organization listed (v) Amount of monetary (vi) Amount of other (i) Name of supported (n) EIN i your governing documen (described on lines 1 10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990 or 990 EZ) 2018 H	OUSING RE	SOURCES C	ENTER, INC		58-213						
Part II Support Schedule for	_		-			,					
(Complete only if you checke			_	n failed to qualify u	inder Part III If the	organization					
fails to qualify under the tests	s listed below, plea	se complete Part I	11)								
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 ")					/	,					
2 Tax revenues levied for the organ-											
ization's benefit and either paid to											
or expended on its behalf											
3 The value of services or facilities											
furnished by a governmental unit to				,							
the organization without charge					Y I						
•	<u> </u>			/							
4 Total. Add lines 1 through 3	******	888844, 238, 3,067, 38									
5 The portion of total contributions											
by each person (other than a				/							
governmental unit or publicly											
supported organization) included				V							
on line 1 that exceeds 2% of the			/								
amount shown on line 11,											
column (f)	2 0 0 1300 000 133		/	100000							
6 Public support. Subtract line 5 from line 4	: 22.46.7 ms: 7744			March Street,							
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					1						
securities loans, rents, royalties,					1						
and income from similar sources											
9 Net income from unrelated business											
activities, whether or not the			i								
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				183,430,333,5435	14 10 10 10 10 10 10 10 10 10 10 10 10 10						
12 Gross receipts from related activities	etc (see instruction	ons)			12						
13 First five years. If the Form 990 is fo			d. fourth, or fifth ta	ax vear as a section	n 501(c)(3)						
organization, check this box and sto	/			,	(/ (/	ightharpoons					
Section C. Computation of Publ		centage	· · · · · · · · · · · · · · · · · · ·			<u> </u>					
14 Public support percentage for 2018/	line 6. column (f) di	vided by line 11 c	olumn (fl)		14	%					
15 Public support percentage from 2017			0.0 (,,,		15	%					
16a 33 1/3% support test - 2018. /if the	•		n line 13, and line	14 is 33 1/3% or m							
stop here. The organization/qualifies					.0.0, 000	▶□					
b 33 1/3% support test - 2017. If the		=		lina 15 is 33 1/3%	or more, check the	s boy					
• • • • • • • • • • • • • • • • • • • •	•			IIIIe 13 13 00 17070	or more, oneon un	▶ □					
and stop here. The organization qua 17a 10% -facts-and-circumstances test	•			13 160 or 16h	and line 1/ is 100/	or more					
,											
and if the organization meets the "fac			•	·	it vi now the organ	12811UI1					
/	meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.										
b 10% -facts-and-circumstances test	_										
more, and if the organization meets t				-							
organization meets the "facts-and-cire						▶∟					
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											
	Schedule A (Form 990 or 990-EZ) 2018										
,											

832022 10-11-18

Schedule'A (Form 990 or 990-EZ) 2018 HOUSING RESOURCES CENTER, INC. Part II 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

Sec	etion A. Public Support	elow, please comp	nete Part II)				
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	(4) 20 11	(3) 20 .0	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	(5)	107 1 0 101
•	membership fees received (Do not						
	include any "unusual grants ")	2,000.	2,500.	2,500.	16,253.		23,253.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	398,032.	482,500.	534,504.	451,520.	536,454.	2403010.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	400,032.	485,000.	537,004.	467,773.	536,454.	2426263.
	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						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line b.)	and the first of t		hi i i jim ragman, ganti kir amiti.		in in in in in in in in in in in in in i	2426263.
Sec	ction B. Total Support	-					
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	400,032.	485,000.	537,004.	467,773.	536,454.	2426263.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources			18,432.	8,675.	6,279.	33,386.
b	Unrelated business taxable income				:		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b			18,432.	8,675.	6,279.	33,386.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	400,032.	485,000.	555,436.	476,448.	542,733.	2459649.
14	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	ı 501(c)(3) organıza	tion,
	check this box and stop here						
Sec	tion C. Computation of Publi	c Support Per	centage				0.0.64
15	Public support percentage for 2018 (I	ine 8, column (f), d	ivided by line 13, c	olumn (f))		15	98.64 %
16						16	98.83 %
	ction D. Computation of Inves						1 26
17	Investment income percentage for 20			ne 13, column (f))		17	1.36 %
18	Investment income percentage from					18	1.17 %
19a	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box ar	•					▶ X
b	33 1/3% support tests - 2017. If the						nd
	line 18 is not more than 33 1/3%, che					-	▶∟
<u>20</u>	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th			_
83202	3 10-11-18				Sche	edule A (Form 990	or 990-EZ) 2018

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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	_	Yes	No
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	10b		

Pa	Supporting Organizations (continued)		
<u> </u>		. ,	Yes No
11	Has the organization accepted a gift or contribution from any of the following persons?		7# F
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?	11a	***************************************
. , b	A family member of a person described in (a) above?	11b	
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c	
	tion B. Type I Supporting Organizations		<u> </u>
	1		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? 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	.1	
2	Did the organization operate for the benefit of any supported organization other than the supported	Vers (6	
_	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2	7 X * 10.15 5. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Sec	tion 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	\$10 K	1 S & S & B
-	or trustees of each of the organization's supported organization(s)? 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).	1	W. 0000 2 T 20000
Sec	tion 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		6.3
	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?	1 -	-
2	*Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	P 33	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s)	· 2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	104/10	
	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? If "Yes," describe in Part VI the role the organization's	Killi	en: <mark>Mari</mark>
	supported organizations played in this regard.	3	
Sec	tion 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).	
а	The organization satisfied the Activities Test Complete line 2 below		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	٦.	
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see insi	tructions)_	
2	Activities Test Answer (a) and (b) below.	<u>. </u>	Yes No
, 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? 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		
1	that these activities constituted substantially all of its activities	2a	,
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? 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	2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		
а	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? Provide details in Part VI.	3a	w (,)
٠b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	

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instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions	Current Year					
1	Amounts paid to supported organizations to accomplish exe						
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose						
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	he 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						
Sect	non E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
_	Distributable amount for 2018 from Section C, line 6	5 48 4 2 28 A 28 A 28 A 28 A 28 A 28 A 28					
1 2	Underdistributions, if any, for years prior to 2018 (reason-		Toma 4-5 Million 24 or solve South Mills of Mills and College And American South Mills and American American South Mills and American Amer				
2	able cause required- explain in Part VI) See instructions						
3	Excess distributions carryover, if any, to 2018	4883455386348989855					
	From 2013	75.20 1 (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)					
	From 2014						
	From 2015						
	From 2016						
	From 2017						
	Total of lines 3a through e	2 day 3.					
	Applied to underdistributions of prior years		***************************************				
	Applied to 2018 distributable amount			3300 3300 - 3 30 30 30			
— <u>;</u>	Carryover from 2013 not applied (see instructions)	14 Old o Ad Inmoller Miller mobil (1985)	A SOUTH TO THE SERVICE OF THE SERVIC				
<u>-</u> -	Remainder Subtract lines 3g, 3h, and 3i from 3f		GRESS BEING JUNEAU STEIN				
4	Distributions for 2018 from Section D,						
•	line 7 \$						
	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount	9-10 X (45 10 10 10 10 10 10 10 10 10 10 10 10 10					
	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 For result greater						
	than zero, explain in Part VI. See instructions						
6	Remaining underdistributions for 2018 Subtract lines 3h						
	and 4b from line 1 For result 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			W. 25 / W. V. J. J. J. W. V. S.			
a	Excess from 2014						
	Excess from 2015						
	Excess from 2016	Supplied Sup					
	Excess from 2017						
	Excess from 2018						
				-			

Schedule A (Form 990 or 990-EZ) 2018

832028 10-11-18

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 instructions and the latest information.

2018
Open to Public

Name of the organization

HOUSING RESOURCES CENTER. INC.

Employer identification number 58-2137444

Da.	HOUSING RESOURCES (ds or Ac	Counts Complete 4ths
Pai			15 UI AC	Complete if the
	organization answered "Yes" on Form 990, Part IV, Im-		1 4	h) Eunda and other appounts
		(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		<u> </u>	
5	Did the organization inform all donors and donor advisors in v		vised fund	
	are the organization's property, subject to the organization's			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpos	se conferri	
The second	impermissible private benefit?	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0. D- 4.07	Yes No
	t II Conservation Easements. Complete if the org		U, Part IV,	line /
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e g , recreation or e	· 	•	important land area
	Protection of natural habitat	Preservation of a c	certified his	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the for	m of a cor	
	day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic stru	cture	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by t	the organiz	zation during the tax
	year -			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per		Of	
_	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing co	onservatioi	n easements during the year
_				amonto di una the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ming of violations, and emorcing conser	vation eas	ements during the year
	Does each conservation easement reported on line 2(d) abov	a satisfy the requirements of section 1	70/h)(4)(B)(7)
8	•	e satisfy the requirements of section 1	, ((1)(4)(1)(Yes No
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation.	on accompate in its revenue and expen	co statem	
9	include, if applicable, the text of the footnote to the organization			
	conservation easements	describe	os tric orge	inization 3 documents for
Pa	Organizations Maintaining Collections of	Art. Historical Treasures, or	Other Si	imilar Assets.
12,573	Complete if the organization answered "Yes" on Form			
12	If the organization elected, as permitted under SFAS 116 (AS		tement and	balance sheet works of art.
ıa	historical treasures, or other similar assets held for public exh			
	the text of the footnote to its financial statements that describ			,
.	If the organization elected, as permitted under SFAS 116 (AS		ent and ha	lance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, ed			
	relating to these items	addition, or rescaron in farmoraries or p	pab0 00. v	, p
	_			▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1			► \$ ► \$
_	(ii) Assets included in Form 990, Part X	acurae, or other cimilar accets for finan-	cial dain in	
2	If the organization received or held works of art, historical treation following amounts required to be reported under SEAS 1.		ciai yairi, p	ii O VI G G
	the following amounts required to be reported under SFAS 1:	To (NOC 900) relating to these items		▶ ¢
a	Revenue included on Form 990, Part VIII, line 1			▶ \$
	Assets included in Form 990, Part X	for Form 000	-	Schedule D (Form 990) 2018

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		RESOURCES			1C.				37444	Page 2
Par	t III Organizations Maintaining C		_							
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	t are a siç	gnificant	use of its c	ollection it	ems
	(check all that apply)									
а	Public exhibition	C	ı 🗀	Loan or exc	hange progr	ams				
b	Scholarly research	•	,	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ev further th	e organizatio	on's exen	npt purpo	se in Part	XIII	
5	During the year, did the organization solicit o									
_	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arran					"Yes" on	Form 99	0, Part IV,	line 9, or	
<u> </u>	reported an amount on Form 990, Par	-		. J					,	
1a	Is the organization an agent, trustee, custodi		harv for o	contributions	or other as	sets not i	ncluded			
	on Form 990, Part X?		,						Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
_	The Foot Supram the arrangement are arrangement	a., a cop.c.c a							Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on Fe	orm 990 Part X line	21 for 6	escrow or cu	istodial acco	unt liabili		<u> </u>	Yes	No
	If "Yes," explain the arrangement in Part XIII						,	<u>-</u>		一
	Endowment Funds. Complete						10			
<u> </u>		(a) Current year		rior year	(c) Two year			years back	(e) Four y	ears back
1a	Beginning of year balance	, , , , , , , , , , , , , , , , , , , ,								
h	Contributions		<u> </u>							
_	Net investment earnings, gains, and losses									
٦	Grants or scholarships									
•	Other expenditures for facilities			-						
-	and programs		1							
	Administrative expenses				-					
	·	•								
g	End of year balance Provide the estimated percentage of the curr	ont year and halanc	e (line 1	r column (a)) hold as					
2	Board designated or quasi-endowment	ent year end balanc	e (iii e i ç 0∠	y, column (a)	y neid as					
a	•	<u>-</u>	′°							
b	Permanent endowment									
С	Temporarily restricted endowment									
•	The percentages on lines 2a, 2b, and 2c short		-4 46-	t ava bald av	d administa	rad far th		otion		
3a	Are there endowment funds not in the posse .	ssion of the organiza	ation tha	t are neid ar	ia aaministe	rea ior un	e organiz	ation	[v	(N-
	by									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
Ь	If "Yes" on line 3a(ii), are the related organiza	•							3b	
Dai	Describe in Part XIII the intended uses of the		wment t	unas		-			 	
i ai	Complete if the organization answere		Dort IV	/ line 11e S	00 Form 990	Dart Y	lino 10			
				ľ				bod	(d) Pook	
	Description of property	(a) Cost or o		, , ,	or other (other)		ccumulat preciation	I	(d) Book	/alu e
		Dasis (investi	nenty	Dasis	(Otrier)	ue,		'		
	Land	<u> </u>				# 4 PARK ()	100 A 100 A	CARREST TO SERVICE STATE OF THE SERVICE STATE OF TH	· · · -	
	Buildings						<u> </u>			
	Leasehold improvements				1,132.		39,3	71	1	,761.
d	Equipment				<u> </u>		2,,3	, <u> </u>		,,,,,,
	Other Add lines 1a through 1e (Column (d) must e	aual Form 000, Part	Y colum	an /P) #so 1:	0c.)	<u> </u>			1	,761.
ividi	, rida intes la unough le (Column la) must e	uudi FUIII 330. Päll	Λ . COIUII	11 IDI. IIIIC I	4 L. J					

Schedule D (Form 990) 2018

Sch	edule C) (Fori	n 990	2018	

	Complete if the organization answered "Yes" of	on Form 990 Part IV	ling 11h Sag Form C		
(a) Descrir	otion of security or category (including name of security)	(b) Book value			or end-of-year market value
	al derivatives	(2) 2001 (2.00	(0)		•
	-held equity interests			k	
(2) Olosciy (3) Other	,				., .
(A)	Ŧ			•	-
(B)	*			•	
(C)				1	:
. (D)	•	4	, ,		
(E)				L	
(F)	•				
(G)	• • • • • • • • • • • • • • • • • • • •	•			-
(H)					•
	b) must equal Form 990, Part X, col (B) line 12.)	•			
Part VIII	Investments - Program Related.			,	
	Complete if the organization answered "Yes" of		, line 11c See Form 9	90, 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)	•				
<u>(7)</u>				.	
<u>(8)</u>					
			,		
	b) must equal Form 990, Part X, col (B) line 13)				
Total (Col. (Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV	1	90, Part X, line 15	(b) Book value
Total (Col. (Other Assets. Complete if the organization answered "Yes" of		1	990, Part X, line 15	3,416.
Total (Col. (Part IX)	Other Assets. Complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered of the organization and the organ		1	990, Part X, line 15	<u>''</u>
Total (Col. (Part IX)	Other Assets. Complete if the organization answered "Yes" (a) [POSITS ERPAID ACCOUNTS	Description	1	990, Part X, line 15	3,416.
Total (Col. (Part IX) (1) DE (2) OV	Other Assets. Complete if the organization answered "Yes" of the organization and the		1	990, Part X, line 15	3,416.
(1) DE (2) OV	Other Assets. Complete if the organization answered "Yes" (a) [EPOSITS //ERPAID ACCOUNTS	Description	1	990, Part X, line 15	3,416.
(1) DE (2) OV (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) [EPOSITS //ERPAID ACCOUNTS	Description	1	990, Part X, line 15	3,416.
(1) DE (2) OV (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) [EPOSITS //ERPAID ACCOUNTS	Description	1	990, Part X, line 15	3,416.
(1) DE (2) OV (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) [EPOSITS //ERPAID ACCOUNTS	Description	1	990, Part X, line 15	3,416.
(2) OV (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) [EPOSITS FERPAID ACCOUNTS	Description	1	990, Part X, line 15	3,416.
(1) DE (2) OV (3) (4) (5) (6) (7) (8) (9) Total. (Colu.	Other Assets. Complete if the organization answered "Yes" (a) [a] [a] [a] [a] [a] [a] [a] [a] [a] [a]	Description	, line 11d See Form 9		3,416. 51,961.
(1) DE (2) OV (3) (4) (5) (6) (7) (8) (9) Total. (Colu.	Other Assets. Complete if the organization answered "Yes" of the organization answered "Yes" of the Other Liabilities. Complete if the organization answered "Yes" of the Other Liabilities.	Description	, line 11d See Form 9		3,416. 51,961.
(2) OV (3) (4) (5) (6) (7) (8) (9) Total. (Coll. (Part X)	Other Assets. Complete if the organization answered "Yes" (a) Interpretation answered "Yes" (a) Interpretation answered "Yes" (a) Interpretation answered (b) must equal Form 990. Part X. col. (b) line. Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	line 11d See Form 9	Form 990, Part X, I	3,416. 51,961.
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(2) (3) (4) (5) (2) (3) (4) (5) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" (a) In Inc. CPOSITS VERPAID ACCOUNTS Temporal Accounts Temporal	Description 15.) on Form 990, Part IV	line 11d See Form 9	Form 990, Part X, I	3,416. 51,961.
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832053 10-29-18

Schedule D (Form 990) 2018

SCHEBULE O

(Form 990 or 990-EZ)

Department of the Treasury

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.

Inspection

Employer identification number

► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization

HOUSING RESOURCES CENTER, INC.	58-2137444
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	
DISABILITIES, AND PROVIDES TECHNICAL ASSISTANCE FOR ORGANI	ZATIONS WHICH
PROVIDE HOUSING FOR THE ELDERLY, DISABLED, AND PERSONS WIT	н
DISABILITIES.	
	•
FORM 990, PART VI, SECTION B, LINE 11B:	•
THE RETURN IS REVIEWED BY MANAGEMENT PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	•
ALL EMPLOYEES AND BOARD MEMBERS ARE AWARE OF THE CONFLICT (OF INTEREST
POLICIES AND ARE ON ALERT FOR ANY POTENTIAL CONFLICTS.	
	ţ
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION WILL PROVIDE FINANCIAL INFORMATION UPON R	EQUEST.
<u> </u>	
•	
	-
	· · · · · · · · · · · · · · · · · · ·

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

Schedule O (Form 990 or 990-EZ) (2018)