

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization
HOUSING AND COMMUNITY SERVICES INC
% HOUSING AND COMMUNITY SVCS I
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
8610 NORTH NEW BRAUNFELS STE 500
City or town, state or province, country, and ZIP or foreign postal code
SAN ANTONIO, TX 782176397
F Name and address of principal officer
GILBERT M PIETTE
8610 N NEW BRAUNFELS 500
SAN ANTONIO, TX 782176397

D Employer identification number
74-2685268
E Telephone number
(210) 821-4300
G Gross receipts \$ 12,274,954

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

J Website: WWW PROSPERAHCS ORG

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1993

M State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
AS A CHARITY, PROVIDES SAFE, HIGH QUALITY AFFORDABLE HOUSING WITH SUPPORT SERVICES TO THOSE IN NEED

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

3 Number of voting members of the governing body (Part VI, line 1a)	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	17
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	17
7a Total unrelated business revenue from Part VIII, column (C), line 12	215,673
7b Net unrelated business taxable income from Form 990-T, line 34	56,166

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,009,197	1,648,050
9 Program service revenue (Part VIII, line 2g)	8,891,023	9,297,402
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,324	2,103
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	266,140	88,414
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,167,684	11,035,969
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	476,000
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,830,173	3,520,165
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶146,925		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,820,264	5,138,852
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,650,437	9,135,017
19 Revenue less expenses Subtract line 18 from line 12	2,517,247	1,900,952

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	55,271,670	57,219,755
21 Total liabilities (Part X, line 26)	21,424,988	21,472,121
22 Net assets or fund balances Subtract line 21 from line 20	33,846,682	35,747,634

Part II Signature Block

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

Sign Here

Signature of officer _____ Date 2019-05-15
GILBERT M PIETTE EXECUTIVE DIRECTOR
Type or print name and title _____

Paid Preparer Use Only
Print/Type preparer's name Preparer's signature Date
N Ari Berlin N Ari Berlin
Check if self-employed PTIN P00665358
Firm's name ▶ BDO USA LLP Firm's EIN ▶
Firm's address ▶ 9901 IH-10 Suite 500 Phone no (210) 342-8000
San Antonio, TX 78230

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 7,898,940 including grants of \$) (Revenue \$ 9,170,143)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 7,898,940

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
11a	Yes	
11b	Yes	
11c	Yes	
11d		No
11e		No
11f	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
12a		No
12b	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
13		No
14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
14a		No
14b		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
15		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
16		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
17		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
18		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	Yes	
19	Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (17); 1b Enter the number of voting members included in line 1a, above, who are independent (17); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (No); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes)

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [X] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: HOUSING AND COMMUNITY SVCS I 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 (210) 821-4300

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Perry Deckard chair	2 0 0 3	X		X				0	0	0
(2) DARRELL DEMING ASST. SECRETARY	2 0 0 2	X		X				0	0	0
(3) ryan sweeney secretary	1 0 0 1	X		X				0	0	0
(4) ANGIE SALINAS VICE CHAIR	2 0 0 1	X		X				0	0	0
(5) ANITA REMEROWSKI TREASURER	2 0 0 3	X		X				0	0	0
(6) CAROLE BUFFER DIRECTOR	1 0 0 1	X						0	0	0
(7) NANCY HARD DIRECTOR	1 0 0 1	X						0	0	0
(8) charles glenn director	1 0 0 0	X						0	0	0
(9) LAMONT TAYLOR DIRECTOR	1 0 0 3	X						0	0	0
(10) GUADALUPE FERREGRINO DIRECTOR	1 0 0 2	X						0	0	0
(11) GLORIA FLORES DIRECTOR	1 0 0 2	X						0	0	0
(12) REATHA MAE GOODEN DIRECTOR	1 0 0 1	X						0	0	0
(13) DADIRI JAMA DIRECTOR	1 0 0 1	X						0	0	0
(14) AZZA KAMAL DIRECTOR	1 0 0 0	X						0	0	0
(15) ALICIA THOMAS DIRECTOR	1 0 0 0	X						0	0	0
(16) RAFAEL I TORRES DIRECTOR	1 0 0 1	X						0	0	0
(17) SHAWNE ZAKARIA DIRECTOR	1 0 0 0	X						0	0	0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	370,200				
	e Government grants (contributions)	1e	573,607				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	704,243				
	g Noncash contributions included in lines 1a-1f \$ _____		105,035				
	h Total. Add lines 1a-1f		1,648,050				
Program Service Revenue		Business Code					
	2a TENANT ASSISTANCE PAYMENTS	531110	4,280,636	4,280,636			
	b CONTRACT SERVICES	531110	3,136,975	2,930,049	206,926		
	c TENANT RENTAL INCOME	531110	1,635,559	1,635,559			
	d PROGRAM RELATED INVESTMENT INC	531110	244,232	244,232			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		9,297,402					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,103			2,103	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)	0	0			
		d Net rental income or (loss)			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			0		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		0			
		b Less direct expenses	b	0			
		c Net income or (loss) from fundraising events			0		
	9a Gross income from gaming activities See Part IV, line 19	a		1,247,732			
b Less direct expenses		b	1,238,985				
c Net income or (loss) from gaming activities				8,747	8,747		
10a Gross sales of inventory, less returns and allowances	a		0				
	b Less cost of goods sold	b	0				
	c Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code					
11a TENANT CHARGES		531110	42,664	42,664			
b LAUNDRY & VENDING REVENUE		531110	36,223	36,223			
c MISCELLANEOUS INCOME		531110	780	780			
d All other revenue							
e Total. Add lines 11a-11d			79,667				
12 Total revenue. See Instructions			11,035,969	9,170,143	215,673	2,103	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	476,000	476,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	140,863	110,148	14,685	16,030
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	3,133,617	2,694,424	347,858	91,335
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	0			
9 Other employee benefits.	176,704	176,704		
10 Payroll taxes.	68,981	68,981		
11 Fees for services (non-employees)				
a Management.	384,275	384,275		
b Legal.	99,366	40,855	58,511	
c Accounting.	147,829	109,290	38,539	
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	384,605	180,584	164,821	39,200
12 Advertising and promotion.	13,246	10,144	3,102	
13 Office expenses.	160,998	150,082	10,899	17
14 Information technology.	14,399	945	13,454	
15 Royalties.	0			
16 Occupancy.	1,559,971	1,459,882	100,089	
17 Travel.	85,512	45,849	39,485	178
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	47,371	33,631	13,615	125
20 Interest.	105,398		105,398	
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	985,981	953,601	32,380	
23 Insurance.	26,359	3,765	22,594	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACTS-MAINTENANCE	412,317	412,317		
b K-1 OM/OV,LP EIN 26-3227731	148,921	148,921		
c SUPPLIES-MAINTENANCE	144,274	144,274		
d BAD DEBT	105,164	105,164		
e All other expenses	312,866	189,104	123,722	40
25 Total functional expenses. Add lines 1 through 24e.	9,135,017	7,898,940	1,089,152	146,925
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	9,135,017	7,898,940	1,089,152	146,925

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,493,347	1	3,394,575
	2 Savings and temporary cash investments	3,715,956	2	3,929,559
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	349,030	4	617,635
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	194,799	9	249,123
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 33,119,459		
	b Less accumulated depreciation	10b 7,736,379	25,029,803	10c 25,383,080
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	9,717,447	12	9,569,552
	13 Investments—program-related See Part IV, line 11	10,806,074	13	11,769,979
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	1,965,214	15	2,306,252
16 Total assets. Add lines 1 through 15 (must equal line 34)	55,271,670	16	57,219,755	
Liabilities	17 Accounts payable and accrued expenses	686,617	17	978,129
	18 Grants payable	0	18	0
	19 Deferred revenue	3,280,024	19	3,833,136
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	134,288	21	139,163
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	16,324,059	23	15,521,693
	24 Unsecured notes and loans payable to unrelated third parties	1,000,000	24	1,000,000
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	21,424,988	26	21,472,121
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	33,846,682	27	35,747,634
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	33,846,682	33	35,747,634
	34 Total liabilities and net assets/fund balances	55,271,670	34	57,219,755

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,035,969
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,135,017
3	Revenue less expenses Subtract line 2 from line 1	3	1,900,952
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,846,682
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	35,747,634

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	2b	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 74-2685268

Name: HOUSING AND COMMUNITY SERVICES INC

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HOUSING AND COMMUNITY SERVICES INC

Employer identification number

74-2685268

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	631,577	878,713	1,030,937	1,009,197	1,648,050	5,198,474
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	7,967,165	7,635,483	7,705,466	8,687,262	9,169,363	41,164,739
3 Gross receipts from activities that are not an unrelated trade or business under section 513	283,307	310,934	306,424	293,604	314,448	1,508,717
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	8,882,049	8,825,130	9,042,827	9,990,063	11,131,861	47,871,930
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	545,818	545,388	355,844	907,527	1,175,604	3,530,181
c Add lines 7a and 7b	545,818	545,388	355,844	907,527	1,175,604	3,530,181
8 Public support. (Subtract line 7c from line 6.)						44,341,749

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	8,882,049	8,825,130	9,042,827	9,990,063	11,131,861	47,871,930
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,114	1,674	1,537	1,324	2,103	9,752
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	3,114	1,674	1,537	1,324	2,103	9,752
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	58,360	218,864	256,010	215,673	748,907
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	22,898	28,155	23,660	230,929	780	306,422
13 Total support. (Add lines 9, 10c, 11, and 12.)	8,908,061	8,913,319	9,286,888	10,478,326	11,350,417	48,937,011
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	90.610 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	90.995 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0.020 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	0.050 %

- 19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.	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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 74-2685268

Name: HOUSING AND COMMUNITY SERVICES INC

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
HOUSING AND COMMUNITY SERVICES INC

Employer identification number
74-2685268

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,403,066		3,403,066
b Buildings		24,654,961	5,086,365	19,568,596
c Leasehold improvements				
d Equipment		3,315,643	2,049,372	1,266,271
e Other		1,745,789	600,642	1,145,147
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				25,383,080

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) HOUSING ENTITIES	9,569,552	C
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	9,569,552	

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) LOW-INCOME HOUSING ENTITIES	11,769,979	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)	11,769,979	

Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	0

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 74-2685268

Name: HOUSING AND COMMUNITY SERVICES INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART IV, LINE 2B	TENANT SECURITY DEPOSITS HELD BY THE ORGANIZATION UNTIL THE TENANTS MOVE OUT

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	<p>EXPLANATION FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 The Corporation is organized as a Texas nonprofit organization. The Corporation intends to operate as exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code and has obtained a letter from the Internal Revenue Service that provides tax-exempt status. Thus, no federal income tax provision has been made in the accompanying consolidated financial statements, except for unrelated business income tax. The Corporation recognizes a tax position in the consolidated financial statements when it is more-likely-than-not the positions will be sustained upon examination by the tax authorities. Penalties and interest associated with any uncertain tax positions are recorded in the period assessed in general and administrative expense. As of June 30, 2018, the Corporation had no uncertain tax positions. At June 30, 2018, the Corporation is no longer subject to income tax examinations by tax authorities for the years ending prior to June 30, 2015. An income tax provision has been made in the accompanying consolidated financial statements for the FEDERAL income tax for PHCS and certain affiliates. The provision for current federal income tax was \$21,485 and \$14,442 for the years ended June 30, 2018 and 2017, respectively. The Corporation's for-profit Affiliates have adopted Financial Accounting Standards Board, Accounting Standards Codification (ASC) 740, Income Taxes, which requires an asset and liability approach for financial accounting and reporting for income taxes. The Corporation had no deferred tax assets or liabilities at June 30, 2018 or 2017.</p>

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
HOUSING AND COMMUNITY SERVICES INC

Employer identification number
74-2685268

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		(event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Subtract line 10 from line 3, column (d) ▶					

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue	314,448	930,038	3,246
Direct Expenses	2 Cash prizes	339,579	665,855		1,005,434
	3 Noncash prizes				
	4 Rent/facility costs		76,886		76,886
5 Other direct expenses	6,855	149,810		156,665	
Direct Expenses	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				1,238,985
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				8,747

9 Enter the state(s) in which the organization conducts gaming activities TX _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|-----------|
| a | The organization's facility | % |
| b | An outside facility | 100.000 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ HOUSING AND COMMUNITY SERVICES INC

Address ▶ 8610 N NEW BRAUNFELS 500
SAN ANTONIO, TX 782176397

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ PEGGY BROUGHTON

Gaming manager compensation ▶ \$ 55,110

Description of services provided ▶ Overall direct supervision & management

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 31,000

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART IV PART III, LINE 17B	THE STATE OF TEXAS IN THE TEXAS BINGO ENABLING ACT REQUIRES THAT BEFORE THE END OF A QUARTER, A LICENSED AUTHORIZED ORGANIZATION SHALL DISBURSE ALL OF THE ORGANIZATION NET PROCEEDS FROM THE PRECEDING QUARTER, OTHER THAN AMOUNTS THAT ARE ALLOWED TO BE RETAINED

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
**Open to Public
Inspection**

Name of the organization
HOUSING AND COMMUNITY SERVICES INC

Employer identification number
74-2685268

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) tg 110 inc 8610 n new braunfels ave 500 san antonio, TX 782176397	74-2699492	501(c)(3)	476,000		n/a		housing rehab

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **1**
- 3** Enter total number of other organizations listed in the line 1 table **▶**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
FORM 990, SCHEDULE I, PART I, LINE 2	DESCRIBE IN PART IV THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES. When the Organization provides a grant for a low-income multifamily housing construction and/or rehabilitation project being developed by a related domestic tax-exempt, non-profit organization, the Organization would monitor the use of the grant through its oversight and monitoring services and through its management agent property and accounting services. In addition, the project being constructed and/or rehabilitated would be subject to an annual audit by an independent auditor.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HOUSING AND COMMUNITY SERVICES INC

Employer identification number
74-2685268

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	No								
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GILBERT M PIETTE EXECUTIVE DIRECTOR	(i)	65,827	16,224	4,500	0	1,124	87,675	0
	(ii)	108,711	10,816	3,000	0	1,352	123,879	0
2 M STEVE HENDERSON CHIEF OPERATING OFFICER	(i)	31,343	13,314		0	1,970	46,627	0
	(ii)	125,373	8,876		0	6,807	141,056	0
3 JULE FARIAS CHIEF FINANCIAL OFFICER	(i)	28,308	3,900		0	1,349	33,557	0
	(ii)	113,230	15,600	0	0	5,592	134,422	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1B	WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF EXPENSES LISTED IN PART I, LINE 1A NOT APPLICABLE SINCE PART I, LINE 1A IS NOT APPLICABLE
SCHEDULE J, PART I, LINE 2	SUBSTANTIATION REQUIRED PRIOR TO PAYMENT OR REIMBURSEMENT OF EXPENSES LISTED IN PART I, LINE 1A NOT APPLICABLE SINCE PART I, LINE 1A IS NOT APPLICABLE
SCHEDULE J, PART I, LINE 3	ESTABLISHMENT OF COMPENSATION THE ORGANIZATION BOARD OF DIRECTORS ESTABLISHES A COMPENSATION COMMITTEE ANNUALLY TO REVIEW THE EXECUTIVE DIRECTOR (ED) COMPENSATION SEE SCHEDULE J, PART I, LINE 3 FOR METHODS THAT ARE USED TO ESTABLISH THE COMPENSATION WEDGE MANAGEMENT, INC (WMI) AND NHMC-NATIONAL HOUSING MANAGEMENT CORPORATION (NHMC) ARE RELATED TAXABLE CORPORATIONS THAT PROVIDE PROPERTY MANAGEMENT AND ACCOUNTING SERVICES TO THE ORGANIZATION FOR ITS LOW INCOME HOUSING PROPERTIES THE ED OF THE ORGANIZATION IS THE CEO OF WMI AND THE PRESIDENT OF NHMC TOGETHER THE ORGANIZATION, WMI, NHMC, AND THREE OTHER ORGANIZATION AFFILIATES PAY THE COMPENSATION AND BENEFITS (C&B) FOR THE ED M STEVEN HENDERSON IS THE CHIEF OPERATING OFFICER (COO) FOR THE ORGANIZATION AND IS ALSO THE COO FOR WMI AND NHMC TOGETHER HCS AND WMI PAY THE COMPENSATION AND BENEFITS (C&B) FOR THE COO THE ED WITH OVERSIGHT FROM THE HCS COMPENSATION COMMITTEE ANNUALLY REVIEWS THE COMPENSATION FOR THE COO JULIE FARIAS IS THE CHIEF FINANCIAL OFFICER (CFO) FOR THE ORGANIZATION AND IS ALSO THE CFO FOR WMI AND NHMC TOGETHER HCS AND WMI PAY THE COMPENSATION AND BENEFITS (C&B) FOR THE CFO THE ED WITH OVERSIGHT FROM THE HCS COMPENSATION COMMITTEE ANNUALLY REVIEWS THE COMPENSATION FOR THE CFO THE ORGANIZATION HAS ELECTED TO USE OPTION 1 (FORM W-2 METHOD) TO REPORT THE C&B OF THE ED, COO, AND CFO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
HOUSING AND COMMUNITY SERVICES INC

Employer identification number
74-2685268

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SEE PART II)	X	1	75,000	LOAN TERMS
26 Other ▶ (SEE PART II)	X	1	30,035	LOAN TERMS
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31		No
32a		No
33		

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	COLUMN(B) LISTS THE NUMBER OF CONTRIBUTIONS
SCHEDULE M, PART I, LINE 25	\$125,000 CITY OF SAN ANTONIO, TEXAS PARTIAL PRINCIPAL FORGIVENESS RECOGNIZED DURING THE FISCAL YEAR AS PART OF THE TERMS OF A \$1,500,000 PROMISSORY NOTE AND HOME LOAN AGREEMENT WITH THE CITY OF SAN ANTONIO, TEXAS (COSA) DATED SEPTEMBER 14, 2010 PROCEEDS OF THE LOAN WERE USED TO ASSIST WITH THE CONSTRUCTION OF THE MONTABELLA POINTE APARTMENTS, A LOW-INCOME, MULTIFAMILY HOUSING PROJECT THE NOTE PROVIDES FOR ANNUAL PRINCIPAL FORGIVENESS OF \$75,000 BEGINNING OCTOBER 1, 2011 UNTIL OCTOBER 1, 2030 IF THE ORGANIZATION COMPLIES WITH THE TERMS OF THE COSA LOAN DOCUMENTS
SCHEDULE M, PART I, LINE 26	\$30,035 CITY OF SAN ANTONIO, TEXAS ANNUAL PARTIAL PRINCIPAL FORGIVENESS RECOGNIZED DURING THE FISCAL YEAR AS PART OF THE TERMS OF A \$900,698 PROMISSORY NOTE AND HOME LOAN AGREEMENT WITH THE CITY OF SAN ANTONIO, TEXAS (COSA) DATED JUNE 1, 2006 PROCEEDS OF THE LOAN WERE USED TO ASSIST WITH THE ACQUISITION AND REHABILITATION OF THE VISTA VERDE APARTMENTS, A LOW-INCOME, MULTIFAMILY HOUSING PROJECT A PORTION OF THE NOTE IN THE AMOUNT OF \$600,698 PROVIDES FOR ANNUAL PRINCIPAL FORGIVENESS OF \$30,035 IF THE ORGANIZATION COMPLIES WITH THE TERMS OF THE COSA LOAN DOCUMENTS

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
HOUSING AND COMMUNITY SERVICES INC**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.

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

OMB No 1545-0047

2017**Open to Public Inspection**

Employer identification number

74-2685268

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	THE ORGANIZATION PROVIDES SAFE, HIGH QUALITY, AFFORDABLE HOUSING WITH SUPPORT SERVICES TO THOSE IN NEED

990 Schedule O, Organizational Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4</p>	<p>EXEMPT PURPOSE ACCHIEVMENTS TO SUPPORT THE ORGANIZATION MISSION, THE ORGANIZATION PROVIDE D ADMINISTRATIVE SUPPORT FOR THE NON-PROFIT AND FOR-PROFIT OWNERSHIP OF 4,152 UNITS OF LOW -INCOME HOUSING. PROVIDED AND SUPERVISED SOCIAL SERVICES AND RESIDENT ACTIVITIES, AND ENGA GED IN FUNDRAISING ACTIVITIES FOR HOUSING ACQUSITION AND REHABILITATION AND SOCIAL SERVICE S AND RESIDENT ACTIVITIES THE ORGANIZATION HAS A VOLUNTEER BOARD OF DIRECTORS COMPRISED O F COMMUNITY AND RESIDENT PARTICIPANTS THE FULL BOARD MEETS REGULARLY FOUR TIMES A YEAR TO PROVIDE GUIDANCE AND OVERSIGHT IN FURTHERANCE OF THE ORGANIZATION MISSION THE ORGANIZATI ON CONTINUED TO DIRECTLY OWN AND OPERATE RENAISSANCE VILLAGE APARTMENTS, A LOW-INCOME HOUS ING APARTMENT COMPLEX THE ORGANIZATION ALSO CONTINUED TO PROVIDE OVERSIGHT AND MANAGEMENT OF SEVERAL LOW-INCOME APARTMENT COMPLEXES AND TO SERVE AS THE SOLE MEMBER FOR THE DISREGARDED ENTITIES (FOR INCOME TAX PURPOSES) THAT OWNED AND OPERATED THESE LOW-INCOME APARTMENT COMPLEXES HCS 307, LLC DBA COUNTRY CLUB VILLAGE APARTMENTS HCS 308, LLC DBA SHERWOOD APA RTMENTS HCS 312, LLC DBA ROBINHOOD APARTMENTS HCS 313, LLC DBA NORTH STAR VILLAGE APARTMEN TS HCS 314, LLC DBA FOX RUN APARTMENTS HCS 401, LLC DBA LANTANA SQUARE APARTMENTS HCS 402, LLC DBA WESLACO VILLAGE APARTMENTS HCS 501, LLC DBA FRIO APARTMENTS HCS 502, LLC DBA VILL AGE CIRCLE APARTMENTS IN ADDITION, THE ORGANIZATION EXECUTIVE DIRECTOR SERVED AS THE EXECU TIVE DIRECTOR FOR 15 AFFILIATED HOUSING BOARDS THAT OPERATE LOW-INCOME PROPERTIES ALL BOA RD MEMBERS OF THE ORGANIZATION AND ITS AFFILIATE BOARDS SERVED WITHOUT COMPENSATION OTHER THAN REIMBURSEMENT BY THE ORGANIZATION OF EXPENSES INCURRED DIRECTLY RELATED TO BOARDS ACT IVITIES (PRIMARILY TRAVEL EXPENSES ASSOCIATED WITH BOARD MEETINGS) THE ORGANIZATION ALSO PROVIDED OVERSIGHT FOR RESIDENT SERVICES AND/OR COMMUNITY LEARNING CENTER PROGRAMS AT 43 L OW-INCOME HOUSING PROPERTIES A QUALITY ASSURANCE PROGRAM WAS FOLLOWED TO ENSURE COMPLIANC E WITH COMPANY GUIDELINES AND WITH U S DEPARTMENT OF HUD REGULATIONS PERTAINING TO NEIGHB ORHOOD NETWORKS CENTERS LOW-INCOME HOUSING PROPERTY - EXEMPT PURPOSE ACHIEVEMENT 1 THE O RGANIZATION, THE SOLE MEMBER OF HCS 307, LLC, OWNS AND OPERATES COUNTRY CLUB VILLAGE APART MENTS WHICH CONSISTS OF 82 UNITS RESTRICTED TO LOW-INCOME ELDERLY AND HANDICAPPED RESIDENT S THE ORGANIZATION ACQUIRED THIS FACILITY IN 2003 WITH LOW-INTEREST LOANS FROM THE TDHCA AND, DURING THIS REPORTING PERIOD, MAINTAINED A HUD PROPERTY BASED SECTION 8 HOUSING ASSIS TANCE PAYMENT CONTRACT MAKING ALL 82 UNITS AVAILABLE TO SENIORS AND HANDICAPPED WITH INCOM ES LESS THAN 50% OF THE AMI THE ORGANIZATION PROVIDES ON SITE SOCIAL AND REFERRAL SERVICE S FOR THE SENIOR AND DISABLED POPULATION THESE INCLUDE CASE MANAGEMENT AND REFERRAL SERVI CES, SENIOR COMPANION PROGRAMS, HEALTH CARE INFORMATION AND HEALTH SCREENINGS AND EDUCATIO N (DIABETES, HIGH BLOOD PRESSURE, ETC) THE ORGANIZATION MAINTAINED A COMPUTER LAB FOR RE SIDENTS TO USE THE INTERNET AN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4</p>	<p>D EMAIL WEEKLY RESIDENT ACTIVITIES INCLUDE ARTS AND CRAFTS, GAME DAYS, SOCIALS AND OTHER ACTIVITIES GEARED TOWARD THE SENIOR POPULATION LOW-INCOME HOUSING PROPERTY - EXEMPT PURPOSE ACHIEVEMENT 2 THE ORGANIZATION, THE SOLE MEMBER OF HCS 308, LLC, WHICH OWNS AND OPERATES SHERWOOD APARTMENTS, 56 UNITS OF AFFORDABLE HOUSING IN EDINBURG, TEXAS DURING THIS REPORTING PERIOD, THE ORGANIZATION MAINTAINED THE HUD PROPERTY BASED SECTION 8 HOUSING ASSISTANCE PAYMENT CONTRACT MAKING ALL 56 UNITS AVAILABLE TO INDIVIDUALS AND FAMILIES WITH INCOMES LESS THAN 50% OF THE AMI LOW-INCOME HOUSING PROPERTY - EXEMPT PURPOSE ACHIEVEMENT 3 THE ORGANIZATION, THE SOLE MEMBER OF THE HCS 312, LLC, OWNS AND OPERATES THE ROBINHOOD APARTMENTS, 69 UNITS OF AFFORDABLE HOUSING IN HARLINGEN, TEXAS DURING THIS REPORTING PERIOD, MAINTAINED A HUD PROPERTY BASED SECTION 8 HOUSING ASSISTANCE PAYMENT CONTRACT MAKING ALL 69 UNITS AVAILABLE TO INDIVIDUALS AND FAMILIES WITH INCOMES LESS THAN 50% OF THE AMI THE ORGANIZATION OPERATED AND MAINTAINED A HUD RECOGNIZED NEIGHBORHOOD NETWORKS CENTER (NNC) THE CENTER, IN ADDITION TO A COMPUTER LAB WHICH IS UTILIZED FOR THE AFTER SCHOOL PROGRAM, IS THE SITE OF NUMEROUS PROGRAMS TO BENEFIT THE RESIDENTS LOW-INCOME HOUSING PROPERTY - EXEMPT PURPOSE ACHIEVEMENT 4 THE ORGANIZATION, THE SOLE MEMBER OF HCS 313, LLC, OWNS AND OPERATES THE NORTH STAR VILLAGE APARTMENTS, 56 UNITS OF AFFORDABLE HOUSING IN HARLINGEN, TEXAS DURING THIS REPORTING PERIOD, MAINTAINED A HUD PROPERTY BASED SECTION 8 HOUSING ASSISTANCE PAYMENT CONTRACT MAKING ALL 56 UNITS AVAILABLE TO INDIVIDUALS AND FAMILIES WITH INCOMES LESS THAN 50% OF THE AMI LOW-INCOME HOUSING PROPERTY - EXEMPT PURPOSE ACHIEVEMENT 5 THE ORGANIZATION, THE SOLE MEMBER OF HCS 314, LLC, OWNS AND OPERATES THE FOX RUN APARTMENTS, 150 UNITS OF AFFORDABLE HOUSING IN VICTORIA, TEXAS DURING THIS REPORTING PERIOD, MAINTAINED A HUD PROPERTY BASED SECTION 8 HOUSING ASSISTANCE PAYMENT CONTRACT MAKING ALL 150 UNITS AVAILABLE TO INDIVIDUALS AND FAMILIES WITH INCOMES LESS THAN 50% OF THE AMI LOW-INCOME HOUSING PROPERTY - EXEMPT PURPOSE ACHIEVEMENT 6 THE ORGANIZATION, THE SOLE MEMBER OF HCS 401, LLC, OWNS AND OPERATES THE LANTANA SQUARE APARTMENTS, 44 UNITS OF AFFORDABLE HOUSING IN CORPUS CHRISTI, TEXAS DURING THIS REPORTING PERIOD, THE ORGANIZATION MAINTAINED THE HUD PROPERTY BASED SECTION 8 HOUSING ASSISTANCE PAYMENT CONTRACT MAKING ALL 44 UNITS AVAILABLE TO INDIVIDUALS AND FAMILIES WITH INCOMES LESS THAN 50% OF THE AMI THE ORGANIZATION MAINTAINED A HUD APPROVED NEIGHBORHOOD NETWORKS CENTER TO PROVIDE COMPUTER ACCESS FOR RESIDENTS AND AN AFTER-SCHOOL PROGRAM FOR THE YOUTH LOW-INCOME HOUSING PROPERTY - EXEMPT PURPOSE ACHIEVEMENT 7 THE ORGANIZATION, THE SOLE MEMBER OF HCS 402, LLC, OWNS AND OPERATES THE WESLACO VILLAGE APARTMENTS, 44 UNITS OF AFFORDABLE HOUSING IN WESLACO, TEXAS DURING THIS REPORTING PERIOD, THE ORGANIZATION MAINTAINED THE HUD PROPERTY BASED SECTION 8 HOUSING ASSISTANCE PAYMENT CONTRACT MAKING</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	<p>G ALL 44 UNITS AVAILABLE TO INDIVIDUALS AND FAMILIES WITH INCOMES LESS THAN 50% OF THE AMI LOW-INCOME HOUSING PROPERTY - EXEMPT PURPOSE ACHIEVEMENT 8 THE ORGANIZATION, THE SOLE MEMBER OF HCS 501, LLC, WHICH OWNS AND OPERATES THE FRIO APARTMENTS, 63 UNITS OF AFFORDABLE HOUSING IN PEARSALL, TEXAS DURING THE REPORTING PERIOD, THE ORGANIZATION MAINTAINED THE HUD PROPERTY BASED SECTION 8 HOUSING ASSISTANCE PAYMENT CONTRACT MAKING ALL 63 UNITS AVAILABLE TO INDIVIDUALS AND FAMILIES WITH INCOMES LESS THAN 50% OF THE AMI ADDITIONALLY, THE ORGANIZATION MAINTAINED A 50% AD-VALOREM PROEPRTY TAX EXEMPTION TO ASSIST IN PRESERVING FUNDS FOR THE OPERATIONS OF THE HOUSING LOW-INCOME HOUSING PROPERTY - EXEMPT PURPOSE ACHIEVEMENT 9 THE ORGANIZATION, THE SOLE MEMBER OF HCS 502, LLC, WHICH OWNS AND OPERATES THE VILLAGE CIRCLE APARTMENTS, 50 UNITS OF AFFORDABLE HOUSING IN NEW BRAUNFELS, TEXAS ACQUIRED ON MARCH 31, 2015 DURING THE REPORTING PERIOD COVERED BY THIS REPORT, THE ORGANIZATION MAINTAINED THE HUD PROPERTY BASED SECTION 8 HOUSING ASSISTANCE PAYMENT CONTRACT MAKING ALL 50 UNITS AVAILABLE TO INDIVIDUALS AND FAMILIES WITH INCOMES LESS THAN 50% OF THE AMI LOW-INCOME HOUSING PROPERTY - EXEMPT PURPOSE ACHIEVEMENT 10 THE ORGANIZATION CONTINUED ITS OWNERSHIP RESPONSIBILITIES OF THE RENAISSANCE VILLAGE APARTMENTS, 67 UNITS OF AFFORDABLE HOUSING IN SAN ANTONIO, TEXAS LOW-INCOME HOUSING PROPERTY - EXEMPT PURPOSE ACHIEVEMENT 11 THE ORGANIZATION HAS FORMED VARIOUS ENTITIES OTHER THAN THE SINGLE MEMBER LIMITED LIABILITY COMPANIES (LLCS) LISTED ABOVE TO ACQUIRE, DEVELOP, CONSTRUCT, REHABILITATE, AND OPERATE LOW-INCOME MULTIFAMILY PROJECTS THROUGH TEXAS DEPARTMENT OF HOUSING & COMMUNITY AFFAIRS AWARDS FOR LOW INCOME HOUSING TAX CREDITS AND FOR A TAX CREDIT EXCHANGE PROGRAM GRANT SUCH ENTITIES INCLUDE THE FOLLOWING</p>

990 Schedule O, Organizational Information

Return Reference	Explanation
<p>the organization continued as the sole member of 810/910 north</p>	<p>frio STREET GP, LLC, WHICH IS THE GENERAL PARTNER OF 810/910 NORTH FRIO STREET, LP (LP) THE LP OWNS AND OPERATES THE VISTA VERDE APARTMENTS, 192 UNITS OF AFFORDABLE HOUSING IN SAN ANTONIO, TEXAS FINANCED WITH TAX CREDITS AWARDED BY THE TDHCA DURING THIS REPORTING PERIOD THE ORGANIZATION MAINTAINED A HUD PROPERTY BASED SECTION 8 HOUSING ASSISTANCE PAYMENT CONTRACT MAKING 190 UNITS AVAILABLE TO INDIVIDUALS AND FAMILIES WITH INCOMES LESS THAN 50% OF THE AREA MEDIAN INCOME (AMI) THE ORGANIZATION MAINTAINED THE OPERATIONS OF THE PROPERTY IN COMPLIANCE WITH HUD AND TDHCA REGULATIONS FURTHER, AN ON-SITE HUD NEIGHBORHOOD NETWORKS CENTER WHICH HOUSES A COMPUTER CENTER WITH INTERNET ACCESS WAS MAINTAINED AN AFTER SCHOOL PROGRAM WAS MAINTAINED THAT OPERATED OUT OF THE CENTER AND PROVIDED TUTORING AND STRUCTURED ACTIVITIES FOR PROPERTY YOUTH THE ORGANIZATION CONTINUED AS THE SOLE MEMBER OF WEST DURANGO GP, LLC, WHICH IS THE GENERAL PARTNER OF WEST DURANGO, LP (LP) THE LP OWNS AND OPERATES THE WEST DURANGO PLAZA APARTMENTS, 82 UNITS OF AFFORDABLE HOUSING IN SAN ANTONIO, TEXAS, FINANCED WITH TAX CREDITS AWARDED BY THE TDHCA DURING THIS REPORTING PERIOD THE ORGANIZATION MAINTAINED A HUD PROPERTY BASED SECTION 8 HOUSING ASSISTANCE PAYMENT CONTRACT MAKING ALL 82 UNITS AVAILABLE TO INDIVIDUALS AND FAMILIES WITH INCOMES LESS THAN 50% OF THE AMI THE ORGANIZATION MAINTAINED THE OPERATIONS OF THE PROPERTY IN COMPLIANCE WITH HUD AND TDHCA REGULATIONS FURTHER, AN ON-SITE HUD NEIGHBORHOOD NETWORKS CENTER WHICH HOUSES A COMPUTER CENTER WITH FIVE COMPUTERS WITH INTERNET ACCESS WAS MAINTAINED ADDITIONALLY, AN AFTER SCHOOL PROGRAM WAS MAINTAINED THAT OPERATED OUT OF THE CENTER AND PROVIDED TUTORING AND STRUCTURED ACTIVITIES FOR PROPERTY YOUTH THE ORGANIZATION CONTINUED AS THE SOLE MEMBER OF KINGSVILLE LULAC MANOR GP, LLC, WHICH IS THE GENERAL PARTNER OF KINGSVILLE LULAC MANOR, LP (LP) THE LP OWNS AND OPERATES THE KINGSVILLE LULAC MANOR APARTMENTS, 88 UNITS OF AFFORDABLE HOUSING IN KINGSVILLE, TEXAS, FINANCED WITH TAX CREDITS AWARDED BY THE TDHCA DURING THIS REPORTING PERIOD THE ORGANIZATION MAINTAINED A HUD PROPERTY BASED SECTION 8 HOUSING ASSISTANCE PAYMENT CONTRACT MAKING ALL 88 UNITS AVAILABLE TO INDIVIDUALS AND FAMILIES WITH INCOMES LESS THAN 50% OF THE AMI ADDITIONALLY, DURING THIS PERIOD, THE ORGANIZATION MAINTAINED AN ON-SITE HUD NEIGHBORHOOD NETWORKS CENTER WHICH HOUSES A COMPUTER CENTER WITH INTERNET ACCESS THE ORGANIZATION CONTINUED AS THE SOLE MEMBER OF GUILD PARK GP, LLC, WHICH IS THE GENERAL PARTNER OF GUILD PARK, LP (LP) THE LP OWNS AND OPERATES THE GUILD PARK APARTMENTS, 114 UNITS OF AFFORDABLE HOUSING IN SAN ANTONIO, TEXAS, WHICH IS FINANCED WITH TAX CREDITS AWARDED BY THE TDHCA ALL 114 OF THE UNITS ARE AVAILABLE TO INDIVIDUALS AND FAMILIES WITH INCOME LESS THAN 30% TO 60% OF THE AMI THE ORGANIZATION CONTINUED AS THE 99.99% LIMITED PARTNER IN OAK MANOR, LP, WHICH OWNS AND OPERATES THE OAK MANOR APARTMENTS, 229 UNITS OF AFFORDABLE HOUSING IN SAN</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
the organization continued as the sole member of 810/910 north	ANTONIO, TEXAS ACQUISITION AND REHABILITATION WAS FINANCED WITH TAX CREDIT EXCHANGE PROGRAM FUNDING AWARDED BY THE TDHCA A HUD PROPERTY BASED SECTION 8 HOUSING ASSISTANCE PAYMENT CONTRACT IS MAINTAINED MAKING 220 UNITS AVAILABLE TO INDIVIDUALS AND FAMILIES WITH INCOME LESS THAN 50% OF THE AMI THE ORGANIZATION CONTINUED AS THE SOLE MEMBER OF HCS MONTABELLA POINTE, LLC, WHICH IS THE GENERAL PARTNER OF MONTABELLA POINTE, LTD THE LIMITED PARTNERS HIP OWNS AND OPERATES THE MONTABELLA POINTE APARTMENTS, 144 UNITS OF AFFORDABLE HOUSING IN SAN ANTONIO, TEXAS, WHICH WAS FUNDED USING TAX CREDIT ASSISTANCE PROGRAM FUNDING AND TAX CREDIT AWARDS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 2A	NUMBER OF EMPLOYEES REPORTED ON W-3 THE ORGANIZATION HAD NO EMPLOYEES DURING THE PERIOD AND DOES NOT EXPECT TO PAY WAGES IN THE FUTURE THE ORGANIZATION WAS NOT REQUIRED TO FILE A FORM W-3, BECAUSE IT LEASED ALL OPERATING PERSONNEL FROM EMPLOYERS RESOURCE MANAGEMENT COMPANY, A PROFESSIONAL EMPLOYER ORGANIZATION THE ORGANIZATION REPORTED EMPLOYEE LEASING COSTS IN FORM 990, PART IX, LINES 7 TO 10, AS APPLICABLE, AS IF THE LEASED EMPLOYEES WERE DIRECTLY PAID EMPLOYEES OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	DELEGATE CONTROL OF MANAGEMENT DUTIES THE ORGANIZATION CONTRACTS WITH WEDGE MANAGEMENT, INC , A RELATED TAXABLE CORPORATION, TO SERVE AS ITS MANAGEMENT AGENT FOR THE OPERATIONAL ACTIVITIES OF ITS LOW INCOME HOUSING PROPERTIES INCLUDED IN THE FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 REVIEW THE EXECUTIVE DIRECTOR IS CHARGED WITH THE TIMELY AND ACCURATE PREPARATION OF THE ANNUAL FORM 990 AN INDEPENDENT CPA FIRM PREPARES A DRAFT OF THE FORM 990 THE ORGANIZATION CHIEF FINANCIAL OFFICER, VICE PRESIDENT OF FINANCIAL COMPLIANCE, AND NONPROFIT CONTROLLER REVIEW THE DRAFT THE DRAFT WAS SUBMITTED TO THE ORGANIZATION BOARD FINANCE COMMITTEE FOR REVIEW PRIOR TO THE FILING OF THE FORM 990 UPON ACCEPTANCE BY THE FINANCE COMMITTEE, THE EXECUTIVE DIRECTOR SIGNED THE FINAL FORM 990 AND HAD IT FILED BY MAY 15, 2019 A COPY OF THE FILED FORM 990 WOULD BE PROVIDED TO THE ORGANIZATION BOARD OF DIRECTORS AT THE BOARD MEETING IN JUNE 2019

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY AT THE ANNUAL MEETING OF THE BOARD MEMBERS, ALL MEMBERS ARE ASKED TO REVIEW AND SIGN A NEW POLICY STATEMENT AND ADVISE THE BOARD IF ANY CONFLICTS EXIST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	DETERMINATION OF COMPENSATION THE ORGANIZATION BOARD OF DIRECTORS ESTABLISHES A COMPENSATION COMMITTEE ANNUALLY TO REVIEW THE EXECUTIVE DIRECTOR (ED) COMPENSATION SEE SCHEDULE J, PART I, LINE 3 FOR METHODS THAT ARE USED TO ESTABLISH THE COMPENSATION WEDGE MANAGEMENT, INC (WMI) AND NHMC-NATIONAL HOUSING MANAGEMENT CORPORATION (NHMC) ARE RELATED TAXABLE CORPORATIONS THAT PROVIDE PROPERTY MANAGEMENT AND ACCOUNTING SERVICES TO THE ORGANIZATION FOR ITS LOW INCOME HOUSING PROPERTIES THE ED OF THE ORGANIZATION IS THE CEO OF WMI AND THE PRESIDENT OF NHMC TOGETHER THE ORGANIZATION, WMI, NHMC, AND THREE OTHER ORGANIZATION AFFILIATES PAY THE COMPENSATION AND BENEFITS (C&B) FOR THE ED M STEVEN HENDERSON IS THE CHIEF OPERATING OFFICER (COO) FOR THE ORGANIZATION, WMI, AND NHMC TOGETHER THE ORGANIZATION AND WMI PAY THE COMPENSATION AND BENEFITS (C&B) FOR THE COO JULIE FARIAS IS THE CHIEF FINANCIAL OFFICER (CFO) FOR THE ORGANIZATION, WMI, AND NHMC TOGETHER THE ORGANIZATION AND WMI PAY THE COMPENSATION AND BENEFITS (C&B) FOR THE CFO

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DISCLOSURE OF ORGANIZATIONAL DOCUMENTS AND POLICY TO PUBLIC ALL DOCUMENTS ARE AVAILABLE UPON REQUEST THE ANNUAL FORM 990 IS AVAILABLE ON THE GUIDESTAR WEBSITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	AUDIT COMMITTEE THE ORGANIZATION FINANCE COMMITTEE PROVIDES OVERSIGHT OF THE ANNUAL AUDIT AND SELECTS AN INDEPENDENT CPA FIRM AS AUDITOR THE EXECUTIVE DIRECTOR (ED) AND CHIEF FINANCIAL OFFICER (CFO) ARE CHARGED WITH THE TIMELY AND ACCURATE PREPARATION OF THE ANNUAL AUDIT THE CPA FIRM (AUDITORS) PREPARES AN AUDIT REPORT DRAFT AND SUBMITS IT TO THE ORGANIZATION CHIEF FINANCIAL OFFICER AND VICE PRESIDENT OF FINANCIAL COMPLIANCE FOR REVIEW THE AUDITORS THEN REVIEW THE DRAFT WITH THE ORGANIZATION FINANCE COMMITTEE PRIOR TO PRESENTATION OF A FINAL AUDIT REPORT AT A REGULARLY SCHEDULED MEETING OF THE ORGANIZATION BOARD OF DIRECTORS THE ED AND CFO INCLUDE A SIGNED MANAGEMENT LETTER IN THE AUDIT REPORT FOR THE ORGANIZATION PRIOR TO PRESENTATION AT A BOARD MEETING, THE BOARD RECEIVES A COPY OF THE AUDIT REPORT TO BE ISSUED THEN AT THE MEETING, THE AUDITORS PRESENT THE AUDIT REPORT FOR BOARD REVIEW AND ACCEPTANCE THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
Election out of special depreciation allowance	Housing and Community Services, Inc 8610 North New Braunfels, Suite 500 San Antonio, TX 78217-6397 Identification Number 74-2685268 Tax Year Ended June 30, 2018 Taxpayer elects under IRC Sec 168(k)(2)(D)(iii) not to claim the special depreciation allowance for all eligible classes of property placed in service during the tax year ended June 30, 2018

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
HOUSING AND COMMUNITY SERVICES INC

Employer identification number

74-2685268

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

See Additional Data Table

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s Yes	

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Additional Data**Software ID:****Software Version:****EIN:** 74-2685268**Name:** HOUSING AND COMMUNITY SERVICES INC**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
HCS 307 LLC 8610 N NEW BRAUNFELS STE 500 SAN ANTONIO, TX 78217 16-1653475	LOW-INC HOUSI	TX	729,938	2,705,102	HCS
HCS 308 LLC 8610 N NEW BRAUNFELS STE 500 SAN ANTONIO, TX 78217 84-1645342	LOW-INC HOUSI	TX	510,356	1,767,366	HCS
HCS 312 LLC 8610 N NEW BRAUNFELS STE 500 SAN ANTONIO, TX 78217 90-0186769	LOW-INC HOUSI	TX	633,997	2,071,962	HCS
HCS 313 LLC 8610 N NEW BRAUNFELS STE 500 SAN ANTONIO, TX 78217 20-5205336	LOW-INC HOUSI	TX	489,725	2,228,503	HCS
HCS 314 LLC 8610 N NEW BRAUNFELS STE 500 SAN ANTONIO, TX 78217 30-0420535	LOW-INC HOUSI	TX	1,293,914	5,808,488	HCS
HCS 401 LLC 8610 N NEW BRAUNFELS STE 500 SAN ANTONIO, TX 78217 74-3182883	LOW-INC HOUSI	TX	449,831	1,937,462	HCS
HCS 402 LLC 8610 N NEW BRAUNFELS STE 500 SAN ANTONIO, TX 78217 20-0436564	LOW-INC HOUSI	TX	414,989	1,298,040	HCS
HCS 501 LLC 8610 N NEW BRAUNFELS STE 500 SAN ANTONIO, TX 78217 27-3305258	LOW-INC HOUSI	TX	476,450	2,551,481	HCS
WOODLAND APARTMENTS GP LLC 8610 N NEW BRAUNFELS STE 500 SAN ANTONIO, TX 78217 26-3660888	LOW-INC HOUSI	TX	0	5,639	HCS
HCS 309 LLC 8610 N NEW BRAUNFELS STE 500 SAN ANTONIO, TX 78217 56-2440313	LOW-INC HOUSI	TX	0	0	TG 110 INC
HCS 310 LLC 8610 N NEW BRAUNFELS STE 500 SAN ANTONIO, TX 78217 04-3785725	LOW-INC HOUSI	TX	0	0	TG 110 INC
HCS 311 LLC 8610 N NEW BRAUNFELS STE 500 SAN ANTONIO, TX 78217 57-1205746	LOW-INC HOUSI	TX	0	0	TG 110 INC
OMOV GP LLC 8610 N NEW BRAUNFELS STE 500 SAN ANTONIO, TX 78217 26-3180174	LOW-INC HOUSI	TX	0	0	TG 102 INC
HCS 502 LLC 8610 N NEW BRAUNFELS STE 500 SAN ANTONIO, TX 78217 47-2442926	LOW-INC HOUSI	TX	576,572	3,231,611	HCS

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 78217 74-2699473	LOW-INC HOUSI	TX	501(C)(3)	10	HCS		No
8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 78217 74-2699476	LOW-INC HOUSI	TX	501(C)(3)	10	HCS		No
8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 78217 74-2699477	LOW-INC HOUSI	TX	501(C)(3)	10	HCS		No
8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 78217 74-2699478	LOW-INC HOUSI	TX	501(C)(3)	10	HCS		No
8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 78217 74-2699490	LOW-INC HOUSI	TX	501(C)(3)	10	HCS		No
8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 78217 74-2699491	LOW-INC HOUSI	TX	501(C)(3)	10	HCS		No
8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 78217 74-2699723	LOW-INC HOUSI	TX	501(C)(3)	10	HCS		No
8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 78217 74-2699492	LOW-INC HOUSI	TX	501(C)(3)	10	hcs		No
8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 78217 74-2789886	LOW-INC HOUSI	TX	501(C)(3)	10	HCS		No
8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 78217 74-2939665	LOW-INC HOUSI	TX	501(C)(3)	10	HCS		No
8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 78217 74-2948330	LOW-INC HOUSI	TX	501(C)(3)	10	HCS		No
8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 78217 74-3019775	LOW-INC HOUSI	TX	501(C)(3)	10	HCS		No
8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 78217 74-3019777	LOW-INC HOUSI	TX	501(C)(3)	10	HCS		No
8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 78217 72-1530634	LOW-INC HOUSI	TX	501(C)(3)	10	HCS		No
8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 78217 74-2630744	LOW-INC HOUSI	TX	501(C)(3)	10	HCS		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
810910 NORTH FRIO STREET LP 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 20-2350732	LOW-INC HOUSING	TX	810910 NORTH	related	0	0		No			No	
KINGSVILLE LULAC MANOR LP 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 71-1036592	LOW-INC HOUSING	TX	KINGSVILLE LULA	related	0	0		No			No	
WEST DURANGO LP 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 33-1187137	LOW-INC HOUSING	TX	WEST DURANGO GP	related	0	0		No			No	
OMOV LP 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 26-3227731	LOW-INC HOUSING	TX	OMOV GP LLC	related	-33,000	21,902,782		No			No	99 990 %
GALAXYHOUSING & COMMUNITY SVCS 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 26-0512414	LOW-INC HOUSING	TX	GALAXY BLD LTD	related	0	1,430,326		No		Yes		99 000 %
HCS AMSTAR JOINT VENTURE 1 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176398 32-0246269	LOW-INC HOUSING	TX	AMSTAR INC	related	0	1,165,330		No		Yes		99 000 %
cunningham manor lp 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176399 20-5569818	LOW-INC HOUSING	TX	CUNNINGHAM MANO	related	0	0		No			No	
MONTABELLA POINTE LTD 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 27-1200807	LOW-INC HOUSING	TX	HCS MONTABELLA	related	0	0		No			No	
GUILD PARK LP 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 30-0614465	LOW-INC HOUSING	TX	GUILD PARK GP	related	0	0		No			No	
TEXAS CHICORY COURT XXV LP 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176398 83-0411868	LOW-INC HOUSING	TX	HCS MARSHALL	related	0	0		No			No	
CHICORY COURT II LP 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176399 84-1659605	LOW-INC HOUSING	TX	HCS MISSION	related	0	0		No			No	
WOODSHIRE LP 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 33-1038428	LOW-INC HOUSING	TX	HCS PORT ROYAL	related	0	0		No			No	
THE PALMS AT LEOPARD LTD 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 30-0753194	LOW-INC HOUSING	TX	THE PALMS AT	related	0	0		No			No	
WCA LP 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 37-1714464	LOW-INC HOUSING	TX	WCA GP LLC	related	0	0		No			No	
TG 110 LEXINGTON LP 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 35-2468254	LOW-INC HOUSING	TX	TG 110 LEXINGTO	related	0	0		No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
TG 110 GLENOAK LP 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 37-1791848	LOW-INC HOUSING	TX	TG 110 GLENOAK	related	0	0		No			No	
PROSPERAhcS CALLeLP 8610 N NEW BRAUNFELS 500 san antonio, TX 782176397 32-0504390	LOW-INC HOUSING	TX	PROSPERAhcS CA	related	0	0		No			No	
EASTERLING CULEBRA APARTMENTS LTD 8610 N NEW BRAUNFELS 500 san antonio, TX 782176397 30-0952305	LOW-INC HOUSING	TX	EASTERLING CULE	related	0	0		No			No	
tg 110 samuel place lp 8610 N NEW BRAUNFELS 500 san antonio, TX 782176397 35-2603653	LOW-INC HOUSING	TX	tg 110 samuel p	related	0	0		No			No	
tg 110 village at henderson lp 8610 N NEW BRAUNFELS 500 san antonio, TX 782176397 38-4045964	LOW-INC HOUSING	TX	tg 110 village	related	0	0		No			No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
WEDGE MANGEMENT INC 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 74-2060099	PROPERTY MGMT	TX	HCS	C CORP	-394,400	563,700	100 000 %		No
MORTGAGE BANKERS CORPORATION 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 74-2253901	LOW-INC HOUSING	TX	HCS	C CORP	1,474	2,763	100 000 %		No
NHMC-NATIONAL HOUSING MANAGEMENT CORP 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 74-2633267	PROPERTY MGMT	TX	HCS	C CORP	-865	32,719	100 000 %		No
810910 NORTH FRIO STREET GP LLC 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 20-2350359	LOW-INC HOUSING	TX	HCS	C CORP	-21,949	-112,515	100 000 %		No
KINGSVILLE LULAC MANOR GP LLC 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 71-1036590	LOW-INC HOUSING	TX	HCS	C CORP	0	100	100 000 %		No
WEST DURANGO GP LLC 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 33-1187128	LOW-INC HOUSING	TX	HCS	C CORP	-1,053	-953	100 000 %		No
CUNNINGHAM MANOR GP LLC 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 20-5569686	LOW-INC HOUSING	TX	TG 105 INC	C CORP	0	0			No
HCS MONTABELLA POINTE LLC 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 27-1200461	LOW-INC HOUSING	TX	HCS	C CORP	0	16,336	100 000 %		No
GUILD PARK GP LLC 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 30-0614467	LOW-INC HOUSING	TX	HCS	C CORP	0	151,000	100 000 %		No
HCS MARSHALL MEADOWS GP LLC 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 45-3623901	LOW-INC HOUSING	TX	HCS	C CORP	0	0	100 000 %		No
HCS MISSION DEL RIO GP LLC 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 45-3624130	LOW-INC HOUSING	TX	HCS	C CORP	0	0	100 000 %		No
HCS PORT ROYAL GP LLC 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 45-3623954	LOW-INC HOUSING	TX	HCS	C CORP	0	0	100 000 %		No
THE PALMS AT LEOPARD GP LLC 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 46-1211407	LOW-INC HOUSING	TX	TG 110 INC	C CORP	0	0			No
WCA GP LLC 8610 N NEW BRAUNFELS 500 SAN ANTONIO, TX 782176397 46-2028865	LOW-INC HOUSING	TX	TG 110 INC	C CORP	0	0			No
TG 110 LEXINGTON GP LLC 8610 N NEW BRAUNFELS 500 san antonio, TX 782176397 46-1964815	LOW-INC HOUSING	TX	TG 110 INC	C CORP	0	0			No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership		(i) Section 512 (b)(13) controlled entity?	
									Yes	No
TG 110 GLENOAK GP LLC 8610 N NEW BRAUNFELS 500 san antonio, TX 782176397 47-4873851	LOW-INC HOUSING	TX	TG 110 INC	C CORP	0	0				No
PROSPERAhcs CALALLEN GP LLC 8610 N NEW BRAUNFELS 500 san antonio, TX 782176397 81-3680256	LOW-INC HOUSING	TX	TG 110 INC	C CORP	0	0				No
EASTERLING CULEBRA APARTMENTS GP LLC 8610 N NEW BRAUNFELS 500 san antonio, TX 782176397 81-3781646	LOW-INC HOUSING	TX	HCS	C CORP	0	100				No
TG 110 SAMUEL PLACE gp llc 8610 N NEW BRAUNFELS 500 san antonio, TX 782176397 82-2575816	LOW-INC HOUSING	TX	TG 110 INC	C CORP	0	0				No
TG 110 VILLAGE AT HENDERSON GP LLC 8610 N NEW BRAUNFELS 500 san antonio, TX 782176397 82-2585464	LOW-INC HOUSING	TX	TG 110 INC	C CORP	0	0				No