Tax Return

Cohen & Co®

ASSURANCE | TAX | ADVISORY

Cohen & Co®

NOVEMBER 14, 2024

CHN HOUSING PARTNERS
2999 PAYNE AVENUE 134
CLEVELAND, OH 44114
ATTENTION: PEGGY MELNICK

DEAR PEGGY:

ENCLOSED IS THE 2023 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2023 FORM 990

WE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

COHEN & COMPANY, LTD.
CERTIFIED PUBLIC ACCOUNTANTS

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2023

PREPARED FOR:

CHN HOUSING PARTNERS
2999 PAYNE AVENUE 134
CLEVELAND, OH 44114

PREPARED BY:

COHEN & COMPANY, LTD.
OFFICES LISTED AT
WWW.COHENCPA.COM, OH 44115

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2024

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20___

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

OMB No. 1545-0047

2023

Name of filer: CHN HOUSING PARTNERS

EIN or SSN: 34-1346763

Name and title of officer or person subject to tax: MARY SMIGELSKI
CHIEF FINANCIAL OFFICER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,** or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b,** or **10b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here	[X]	b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	57,477,162.
2a	**Form 990-EZ** check here	[ ]	b **Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	**Form 1120-POL** check here	[ ]	b **Total tax** (Form 1120-POL, line 22)	3b	
4a	**Form 990-PF** check here	[ ]	b **Tax based on investment income** (Form 990-PF, Part V, line 5)	4b	
5a	**Form 8868** check here	[ ]	b **Balance due** (Form 8868, line 3c)	5b	
6a	**Form 990-T** check here	[ ]	b **Total tax** (Form 990-T, Part III, line 4)	6b	
7a	**Form 4720** check here	[ ]	b **Total tax** (Form 4720, Part III, line 1)	7b	
8a	**Form 5227** check here	[ ]	b **FMV of assets at end of tax year** (Form 5227, Item D)	8b	
9a	**Form 5330** check here	[ ]	b **Tax due** (Form 5330, Part II, line 19)	9b	
10a	**Form 8038-CP** check here	[ ]	b **Amount of credit payment requested** (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [ ] I am a person subject to tax with respect to (name of entity) _____, (EIN)_____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize COHEN & COMPANY, LTD. (ERO firm name) to enter my PIN 44114 (Enter five numbers, but do not enter all zeros)

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 34277734191 (Do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature _____ Date 11/14/24

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

FORM SUBMITTED ELECTRONICALLY - KEEP FOR YOUR RECORDS

Form **8868**
(Rev. January 2024)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
	CHN HOUSING PARTNERS	34-1346763
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2999 PAYNE AVENUE, 134	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLEVELAND, OH 44114	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____

Plan Number _____

Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of MARY SMIGELSKI
2999 PAYNE AVENUE #134 - CLEVELAND, OH 44114

Telephone No. 216-574-7100 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐ . If it is for part of the group, check this box ..... ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 23 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

EXTENDED TO NOVEMBER 15, 2024

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending

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

C Name of organization: CHN HOUSING PARTNERS

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 2999 PAYNE AVENUE — Room/suite: 134

City or town, state or province, country, and ZIP or foreign postal code: CLEVELAND, OH 44114

D Employer identification number: 34-1346763

E Telephone number: 216-574-7100

G Gross receipts $ 58,184,399.

F Name and address of principal officer: KEVIN J NOWAK
SAME AS C ABOVE

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

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

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.CHNHOUSINGPARTNERS.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1981 **M** State of legal domicile: OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: CHN HOUSING PARTNERS' MISSION IS TO LEVERAGE THE POWER OF AFFORDABLE HOUSING TO CHANGE LIVES AND

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	293
6	Total number of volunteers (estimate if necessary)	6	251
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	75,375,210.	35,292,563.
	9	Program service revenue (Part VIII, line 2g)	19,135,208.	18,897,013.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	716,585.	483,779.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,538,612.	2,803,807.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	96,765,615.	57,477,162.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,893,387.	19,559,265.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 813,724.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	76,570,711.	37,514,037.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	95,464,098.	57,073,302.
	19	Revenue less expenses. Subtract line 18 from line 12	1,301,517.	403,860.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	94,453,168.	89,144,274.
	21	Total liabilities (Part X, line 26)	63,637,373.	57,924,619.
	22	Net assets or fund balances. Subtract line 21 from line 20	30,815,795.	31,219,655.

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

MARY SMIGELSKI, CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
PARGAT SINGH		11/14/24		P02184330

Firm's name: COHEN & COMPANY, LTD. — Firm's EIN: 34-1912961

Firm's address: OFFICES LISTED AT WWW.COHENCPA.COM, OH 44115 — Phone no. 800-229-1099

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
CHN HOUSING PARTNERS' MISSION IS TO LEVERAGE THE POWER OF AFFORDABLE, STABLE HOUSING TO CHANGE LIVES AND IMPROVE COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 22,236,610. including grants of $) (Revenue $ 22,066,118.)
HOUSING DEVELOPMENT, PROPERTY MANAGEMENT & SALES:
CHN IS A SEASONED AFFORDABLE HOUSING DEVELOPER AND THE NATION'S LARGEST SINGLE-FAMILY DEVELOPER USING LOW INCOME HOUSING TAX CREDITS THROUGH OUR NATIONALLY RECOGNIZED LEASE PURCHASE PROGRAM. WE DEVELOP HOUSING ACROSS ASSET CLASSES AND POPULATIONS USING MIXED FUNDING SOURCES IN OHIO, SOUTHEAST MICHIGAN, WESTERN NEW YORK AND WESTERN PENNSYLVANIA. WE PARTNER WITH SISTER NONPROFITS AND PUBLIC ENTITIES TO IMPLEMENT NEIGHBORHOOD STRATEGIES. AFFORDABILITY, SUSTAINABILITY AND HOMEOWNERSHIP ARE OUR CORE PRINCIPLES. IN 2023, CHN STARTED OR COMPLETED CONSTRUCTION ON 354 AFFORDABLE HOUSING UNITS AND SOLD 79 HOMES TO LOW-INCOME FAMILIES WHO COULD NOT OTHERWISE ACHIEVE HOMEOWNERSHIP THROUGH OUR LEASE PURCHASE PROGRAM. CHN SERVED 58

4b (Code:) (Expenses $ 20,402,933. including grants of $) (Revenue $ 118,481.)
ENERGY CONSERVATION & WEATHERIZATION:
THROUGH DECADES-LONG PARTNERSHIPS WITH UTILITY COMPANIES AND PUBLIC AGENCIES, CHN HAS BECOME ONE OF NORTHEAST OHIO'S LARGEST ENERGY CONSERVATION AND WEATHERIZATION PROVIDERS. CURRENTLY, WE PROVIDE NEARLY $18 MILLION IN ENERGY-EFFICIENT PRODUCTS AND SERVICES ANNUALLY (INCLUDING WEATHERIZATION AND ELECTRIC, WATER, AND SEWER CONSERVATION) TO HELP MAKE HOMES SAFER AND MORE AFFORDABLE. REDUCING THE COST OF UTILITIES AND, BY EXTENSION, THE CONSUMPTION OF ENERGY AND THE RESULTING CARBON FOOTPRINT OF THOUSANDS OF LMI RESIDENTS EACH YEAR, IS A HIGH PRIORITY AND LONG- TERM STRATEGIC FOCUS OF CHN. TO MOVE THE NEEDLE IN THIS AREA, CHN COMPLETES THOUSANDS OF ENERGY CONSERVATION JOBS FOR LOW- TO MODERATE-INCOME (LMI) HOUSEHOLDS ANNUALLY. THIS

4c (Code:) (Expenses $ 11,097,581. including grants of $) (Revenue $)
TRAINING & EDUCATION:
CHN OPERATES ONE OF THE REGION'S HIGHER-CAPACITY COMMUNITY RESOURCE CENTERS, TEACHING FINANCIAL AND DIGITAL LITERACY, ENHANCING EMPLOYMENT SKILLS, AND PREPARING CLIENTS TO PURCHASE AND MAINTAIN THEIR HOMES THROUGH OUR FINANCIAL MOBILITY PROGRAM. OUR FINANCIAL MOBILITY COUNSELORS ARE CERTIFIED AND HUD-APPROVED AND FOLLOW THE NATIONAL STANDARDS FOR HOMEOWNERSHIP COUNSELING. IN 2023, 3,358 INDIVIDUALS RECEIVED HOUSING COUNSELING AND EDUCATION THROUGH CHN. 318 LEASE PURCHASE RESIDENTS RECEIVED FINANCIAL COUNSELING AND COACHING TO IMPROVE THEIR FINANCIAL HEALTH, WHICH INCLUDE INCREASING SAVINGS, IMPROVING CREDIT SCORES, AND BUILDING ASSET PRODUCTS. ANOTHER 425 HOUSEHOLDS THAT WERE EITHER AT RISK OF OR CURRENTLY IN PROPERTY TAX

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

4e Total program service expenses 53,737,124.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	945		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 293			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed OH

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on 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

MARY SMIGELSKI - 216-574-7100

2999 PAYNE AVENUE #134, CLEVELAND, OH 44114

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) KEVIN J NOWAK	40.00									
PRESIDENT AND CEO	1.00			X				250,697.	0.	55,466.
(2) MARY SMIGELSKI	40.00									
CHIEF FINANCIAL OFFICER	1.00			X				211,448.	0.	52,336.
(3) MARK WHIPKEY	40.00									
CHIEF OF ASSET MANAGEMENT	1.00			X				201,066.	0.	56,926.
(4) JANET REED-JAMES	40.00									
CHIEF HUMAN RESOURCE OFFIC				X				178,734.	0.	63,060.
(5) PATRICK KENNEY	40.00									
CHIEF OPERATING OFFICER				X				190,194.	0.	39,854.
(6) JOE HALL	40.00									
VICE PRESIDENT/REAL ESTATE						X		185,648.	0.	37,323.
(7) JOHN MILLER	40.00									
CHIEF IMPLEMENTATION OFFIC				X				173,108.	0.	23,977.
(8) JUSTIN FLEMING	40.00									
VICE PRESIDENT/SINGLE-FAMILY PRESERV						X		144,710.	0.	48,353.
(9) JASON HEADEN	40.00									
VICE PRESIDENT/DETROIT MAR						X		165,547.	0.	4,958.
(10) KATE CARDEN	40.00									
VICE PRESIDENT/PROGRAMS						X		155,340.	0.	8,057.
(11) CHERYL MCHALLAM	40.00									
REAL ESTATE DEVELOPMENT MANAGER						X		150,500.	0.	1,317.
(12) CHRIS WARREN	2.00									
TRUSTEE/CHAIR	2.00	X		X				0.	0.	0.
(13) CAROLYNN GALLOWAY	2.00									
TRUSTEE/VICE CHAIR	2.00	X		X				0.	0.	0.
(14) SAHNARA HENDRIX-ARNEY	2.00									
TRUSTEE/SECRETARY	2.00	X		X				0.	0.	0.
(15) JIM POZNIK	2.00									
TRUSTEE/TREASURER	2.00	X		X				0.	0.	0.
(16) CAROLINE PEAK	2.00									
TRUSTEE	2.00	X						0.	0.	0.
(17) CATHRYN GREENWALD	2.00									
TRUSTEE		X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) CHERI SMITH TRUSTEE	2.00	X						0.	0.	0.
(19) DAN LAST TRUSTEE	2.00	X						0.	0.	0.
(20) DAVID RONEY TRUSTEE	2.00	X						0.	0.	0.
(21) DENISE CASINO TRUSTEE	2.00	X						0.	0.	0.
(22) GARY SARDON TRUSTEE	2.00	X						0.	0.	0.
(23) KATHY HEXTER TRUSTEE	2.00 2.00	X						0.	0.	0.
(24) KRUME STOJANOVSKI TRUSTEE	2.00 2.00	X						0.	0.	0.
(25) LORETTA HUNTER TRUSTEE	2.00	X						0.	0.	0.
(26) MICHAEL SERING TRUSTEE	2.00	X						0.	0.	0.
1b Subtotal								2,006,992.	0.	391,627.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,006,992.	0.	391,627.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 21

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NORTHLAKE PLUMBING LLC PO BOX 776, AURORA, OH 44202	WEATHERIZATION SVC	487,240.
HVAC PROS HEATING VENTILATION & AC LLC 3647 WINDSONG DR, MEDINA, OH 44256	WEATHERIZATION SVC	438,316.
DEREK BRANTLEY 1797 KAREN DRIVE, EUCLID, OH 44117	WEATHERIZATION SVC	365,178.
LAKE ERIE HEATING & COOLING 3140 W 32ND ST, CLEVELAND, OH 44109	WEATHERIZATION SVC	315,366.
GREENER HOMES CONTRACTING 8368 DALLAS DR, MENTOR, OH 44060	WEATHERIZATION SVC	289,991.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 22

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(27) MIKE GRIFFIN	2.00									
TRUSTEE	2.00	X						0.	0.	0.
(28) NICK DISANTO	2.00									
TRUSTEE		X						0.	0.	0.
(29) PETER MEISEL	2.00									
TRUSTEE	2.00	X						0.	0.	0.
(30) REV JIMMY GATES SR.	2.00									
TRUSTEE		X						0.	0.	0.
(31) SERONICA POWELL	2.00									
TRUSTEE		X						0.	0.	0.
(32) TERRELL SANDERS	2.00									
TRUSTEE	3.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	1 a Federated campaigns	1a	1,302,671.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	20,268,702.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,721,190.				
	g Noncash contributions included in lines 1a-1f	1g	$				
	h **Total.** Add lines 1a-1f			35,292,563.			
			Business Code				
Program Service Revenue	2 a MANAGEMENT FEES - AFFILIATED ENTI		900099	15,629,469.	15629469.		
	b RENTAL INCOME		900099	2,423,056.	2,423,056.		
	c MAINTENANCE SERVICES - AFFILIATED		900099	844,488.	844,488.		
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			18,897,013.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			483,779.	483,779.		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6 a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities / (ii) Other				
	7 a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	10a	980,880.				
	b Less: cost of goods sold	10b	707,237.				
	c Net income or (loss) from sales of inventory			273,643.	273,643.		
			Business Code				
Miscellaneous Revenue	11 a MISC. INCOME		900099	2,530,164.	2,530,164.		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d			2,530,164.			
	12 **Total revenue.** See instructions			57,477,162.	22184599.	0.	0.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,496,866.	1,292,080.	155,087.	49,699.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,617,204.	12,653,005.	1,487,512.	476,687.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	341,000.	294,348.	35,330.	11,322.
9 Other employee benefits	1,836,892.	1,585,587.	190,316.	60,989.
10 Payroll taxes	1,267,303.	1,100,752.	126,131.	40,420.
11 Fees for services (nonemployees):				
a Management				
b Legal	114,270.	90,522.	16,931.	6,817.
c Accounting	93,000.	73,673.	13,779.	5,548.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,042,236.	1,623,399.	298,610.	120,227.
12 Advertising and promotion				
13 Office expenses	901,297.	784,045.	97,287.	19,965.
14 Information technology				
15 Royalties				
16 Occupancy	2,111,529.	2,009,748.	88,472.	13,309.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	100.	100.		
20 Interest	174,326.	174,326.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,474.	6,046.	2,428.	
23 Insurance	161,878.	156,665.	4,320.	893.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM SERVICES	21,034,395.	21,034,395.		
b CONTRACT MATERIALS	9,703,850.	9,703,850.		
c LOSS ON COLLECTIONS OF	1,014,991.	1,014,991.		
d MISC. EXPENSES	153,691.	139,592.	6,251.	7,848.
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	57,073,302.	53,737,124.	2,522,454.	813,724.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	7,964,037.	1	18,181,777.
	2	Savings and temporary cash investments	25,575,000.	2	8,373,803.
	3	Pledges and grants receivable, net	4,648,499.	3	7,102,885.
	4	Accounts receivable, net	10,131,068.	4	12,323,592.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	24,792,485.	7	22,630,411.
	8	Inventories for sale or use	120,073.	8	97,580.
	9	Prepaid expenses and deferred charges	2,336,590.	9	3,035,638.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 2,198,494.			
	b	Less: accumulated depreciation — 10b 812,069.	45,059.	10c	1,386,425.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	7,073,509.	13	7,621,469.
	14	Intangible assets	1,405,939.	14	
	15	Other assets. See Part IV, line 11	10,360,909.	15	8,390,694.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	94,453,168.	16	89,144,274.
Liabilities	17	Accounts payable and accrued expenses	16,059,541.	17	7,597,598.
	18	Grants payable		18	
	19	Deferred revenue	12,186,276.	19	17,765,921.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	32,905,898.	23	31,074,873.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,485,658.	25	1,486,227.
	26	**Total liabilities.** Add lines 17 through 25	63,637,373.	26	57,924,619.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** X **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	29,990,795.	27	30,394,655.
	28	Net assets with donor restrictions	825,000.	28	825,000.
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	30,815,795.	32	31,219,655.
	33	Total liabilities and net assets/fund balances	94,453,168.	33	89,144,274.

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	57,477,162.
2	Total expenses (must equal Part IX, column (A), line 25)	2	57,073,302.
3	Revenue less expenses. Subtract line 2 from line 1	3	403,860.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	30,815,795.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	31,219,655.

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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X	
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 on Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization CHN HOUSING PARTNERS

Employer identification number 34-1346763

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).)

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 [X] 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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 on 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22071221.	31236187.	73921091.	75375210.	35292563.	237896272
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	22071221.	31236187.	73921091.	75375210.	35292563.	237896272
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.						237896272

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	22071221.	31236187.	73921091.	75375210.	35292563.	237896272
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	853,439.	888,514.	819,544.			2561497.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	82,500.					82,500.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1305685.	1635468.	2822296.			5763449.
11 **Total support.** Add lines 7 through 10						246303718

12 Gross receipts from related activities, etc. (see instructions) 12 57,812,654.

13 **First 5 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 2023 (line 6, column (f), divided by line 11, column (f)) 14 96.59 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 15 95.91 %

16a **33 1/3% support test - 2023.** 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 - 2022.** 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 - 2023.** 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 - 2022.** 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First 5 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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2023.** 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 - 2022.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

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)? *If "No," describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

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?	**1**		
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? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described on line 2, above, 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? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.*	**3**		

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 ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *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.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a and 3b 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? *If "Yes" or "No" provide details in* **Part VI.**	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*	**3b**		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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 0.015 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 0.035.	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 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-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	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	5	
6	Other distributions (*describe in* **Part VI**). See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	8	
9	Distributable amount for 2023 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)		**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable Amount for 2023**
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7	**Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

PROGRAM REIMBURSEMENT

2019 AMOUNT: $ 602,473.

2020 AMOUNT: $ 774,414.

2021 AMOUNT: $ 1,160,476.

2023 AMOUNT: $ 0.

GAIN/(LOSS) ON SALE OF INVENTORY

2019 AMOUNT: $ 14,363.

2020 AMOUNT: $ 0.

2021 AMOUNT: $ 0.

2023 AMOUNT: $ 0.

MISCELLANEOUS INCOME

2019 AMOUNT: $ 688,849.

2020 AMOUNT: $ 861,054.

2021 AMOUNT: $ 659,374.

2023 AMOUNT: $ 0.

GAIN ON COLLECTION OF NOTES AND ACCOUNTS RECEIVABLE

2019 AMOUNT: $ 0.

2020 AMOUNT: $ 0.

2021 AMOUNT: $ 1,002,446.

2023 AMOUNT: $ 0.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization	Employer identification number
CHN HOUSING PARTNERS	34-1346763

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization: CHN HOUSING PARTNERS

Employer identification number: 34-1346763

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OHIO DEVELOPMENT SERVICES AGENCY - HWAP 77 SOUTH HIGH STREET COLUMBUS, OH 43216	$ 5,173,508.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	OHIO DEVELOPMENT SERVICES AGENCY -HEAP 77 SOUTH HIGH STREET COLUMBUS, OH 43216	$ 2,400,015.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	DOMINION EAST OHIO GAS 1201 EAST 55TH STREET CLEVELAND, OH 44103	$ 6,197,317.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	OHIO'S PARTNERS FOR AFFORDABLE ENERGY 231 W LIMA STREET, PO BOX 1793 FINDLAY, OH 45839	$ 2,131,490.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	CUYAHOGA DEPT OF DEVELOPMENT- RENTAL ASSISTANCE 2079 EAST 9TH STREET CLEVELAND, OH 44115	$ 1,000,597.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	UNITED WAY 1331 EUCLID AVENUE CLEVELAND, OH 44115	$ 1,302,671.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CHN HOUSING PARTNERS

Employer identification number: 34-1346763

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CITY OF CLEVELAND- WATER/SEWER 1201 LAKESIDE AVENUE CLEVELAND, OH 44114	$ 1,256,788.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	OHFA RE TAX ASSISTANCE 57 E MAIN ST COLUMBUS, OH 43215	$ 2,947,162.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	GILBERT FAMILY FOUNDATION 1074 WOODWARD DETROIT, MI 48226	$ 1,080,403.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	NEORSD 3900 EUCLID AVENUE CLEVELAND, OH 44115	$ 778,458.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	OHIO DEPARTMENT OF DEVELOPMENT (LIHWAP) 77 SOUTH HIGH STREET, 29TH FLOOR COLUMBUS, OH 43215	$ 997,513.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	OHIO DEVELOPMENT SERVICES AGENCY -EPP 77 SOUTH HIGH STREET COLUMBUS, OH 43216	$ 1,898,522.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CHN HOUSING PARTNERS

Employer identification number: 34-1346763

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	CITY OF CLEVELAND- WATER/SEWER/CPP 1201 LAKESIDE AVENUE CLEVELAND, OH 44114	$ 954,831.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CHN HOUSING PARTNERS

Employer identification number: 34-1346763

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: CHN HOUSING PARTNERS

Employer identification number: 34-1346763

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization CHN HOUSING PARTNERS

Employer identification number 34-1346763

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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 (for example, recreation or education)
☐ Preservation of a 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 Tax 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 on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB 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 FASB 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 FASB 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 make 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 program
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	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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	825,000.	825,000.	825,000.	825,000.	825,000.
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	825,000.	825,000.	825,000.	825,000.	825,000.

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 100 %
c Term 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)	X	
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 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				
b Buildings				
c Leasehold improvements				
d Equipment		906,878.	812,069.	94,809.
e Other		1,291,616.		1,291,616.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,386,425.

Part VII Investments - Other Securities

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

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

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) INVESTMENTS IN LIMITED		
(2) PARTNERSHIPS	7,621,469.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	7,621,469.	

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) INTEREST RECEIVABLE - DEFERRED	3,467,334.
(2) LAND AND BUILDINGS HELD FOR SALE	4,923,360.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	8,390,694.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED INTEREST PAYABLE - LONG	
(3) TERM	1,486,227.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	1,486,227.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... [X]

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.

PART V, LINE 4:

TO ASSIST IN OUR MISSION BY ALLOWING FOR THE INVESTMENT OF UP TO $750,000 IN SHORT TERM LOAN INSTRUMENTS OFFERED TO AFFORDABLE LOW-INCOME HOUSING PROJECTS.

PART X, LINE 2:

CHN ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH GAAP, WHICH REQUIRES RECOGNITION OF AND DISCLOSURES RELATED TO UNCERTAIN TAX POSITIONS. AS OF AND DURING THE YEAR ENDED DECEMBER 31, 2023, CHN DOES NOT HAVE A LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

Part XIII Supplemental Information *(continued)*

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: CHN HOUSING PARTNERS

Employer identification number: 34-1346763

Part I Questions Regarding Compensation

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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) KEVIN J NOWAK	(i)	250,697.	0.	0.	0.	55,466.	306,163.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MARY SMIGELSKI	(i)	211,448.	0.	0.	0.	52,336.	263,784.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARK WHIPKEY	(i)	201,066.	0.	0.	0.	56,926.	257,992.	0.
CHIEF OF ASSET MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JANET REED-JAMES	(i)	178,734.	0.	0.	0.	63,060.	241,794.	0.
CHIEF HUMAN RESOURCE OFFIC	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PATRICK KENNEY	(i)	190,194.	0.	0.	0.	39,854.	230,048.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOE HALL	(i)	185,648.	0.	0.	0.	37,323.	222,971.	0.
VICE PRESIDENT/REAL ESTATE	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOHN MILLER	(i)	173,108.	0.	0.	0.	23,977.	197,085.	0.
CHIEF IMPLEMENTATION OFFIC	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JUSTIN FLEMING	(i)	144,710.	0.	0.	0.	48,353.	193,063.	0.
VICE PRESIDENT/SINGLE-FAMILY PRESERV	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JASON HEADEN	(i)	165,547.	0.	0.	0.	4,958.	170,505.	0.
VICE PRESIDENT/DETROIT MAR	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) KATE CARDEN	(i)	155,340.	0.	0.	0.	8,057.	163,397.	0.
VICE PRESIDENT/PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CHERYL MCHALLAM	(i)	150,500.	0.	0.	0.	1,317.	151,817.	0.
REAL ESTATE DEVELOPMENT MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 3:

PERIODICALLY THE ORGANIZATION REVIEWS NATIONAL SALARY INFORMATION FOR SIMILAR ORGANIZATIONS WITH KEY EMPLOYEES IN FUNCTIONALLY COMPARABLE POSITIONS. THE APPROVAL OF COMPENSATION INCREASES IS UNDERTAKEN BY THE BOARD. SALARY DECISIONS MADE BY THE BOARD ARE REFLECTED IN THE BOARD MEETING MINUTES.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: CHN HOUSING PARTNERS

Employer identification number: 34-1346763

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IMPROVE COMMUNITIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HOMEOWNERS WITH THE SINGLE FAMILY PRESERVATION PROGRAM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

INCLUDES THE REMOVAL AND REPLACEMENT OF HVAC TO INCREASE ENERGY EFFICIENCY AND TO BOTH REDUCE THE VOLUME OF PARTICULATES IN AND IMPROVE THE QUALITY OF THE AIR IN PEOPLE'S HOMES. THE WORK ALSO INCLUDES HOME INSULATION AND OTHER WEATHERIZATION MEASURES SUCH AS WEATHER STRIPPING, CAULK, AIR SEALING, AND ENERGY CONSERVATION MEASURES INCLUDING LIGHT BULB INSTILLATION, METER OF REFRIGERATOR AND/OR FREEZER, REPLACEMENT OF HIGH USE REFRIGERATOR AND/OR FREEZER AND CLIENT EDUCATION. IN 2023, CHN COMPLETED 5,491 JOBS IN A 22-COUNTY AREA.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

FORECLOSURE WERE BROUGHT CURRENT ON THEIR PROPERTY TAXES. ALSO IN 2023, CHN ADMINISTERED UTILITY ASSISTANCE PROGRAMS THAT PROCESSED 51,385 CASES.

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

990 REVIEW POLICY:

THE CHIEF FINANCIAL OFFICER ENSURES THAT FORMS 990 ARE FILED IN A TIMELY AND ACCURATE MANNER.

Name of the organization: CHN HOUSING PARTNERS

Employer identification number: 34-1346763

THE PRESIDENT/CHIEF EXECUTIVE OFFICER SIGNS AND CERTIFIES THAT THE IRS FORM 990 IS ACCURATE AND COMPLETE.

THE FINANCE AND EXECUTIVE COMMITTEES REVIEW AND APPROVE THE IRS FORM 990 ANNUAL TAX FILINGS PRIOR TO SUBMISSION TO ENSURE THE ACCURACY OF BOTH FINANCIAL AND NON-FINANCIAL INFORMATION INCLUDED ON THE SUBMISSION. IN ADDITION, THE FULL BOARD RECEIVES A COPY OF THE IRS FORM 990 PRIOR TO FILING.

CONSISTENT WITH THE REQUIREMENETS OF SECTION 6104(D) OF THE INTERNAL REVENUE CODE AND REGULATIONS THEREUNDER, COPIES OF THE ORGANIZATION'S FORM 990 SHALL BE MADE AVAILABLE, UPON REQUEST, IN A TIMELY MANNER, AND (SUBJECT TO THE CHARGES PERMITTED BY LAW) TO ANY INDIVIDUALS WHO REQUEST IT.

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

CONFLICT OF INTEREST:

ANNUALLY, THE DIRECTORS AND OFFICERS ARE REQUIRED TO COMPLETE THE CONFLICT OF INTEREST DISCLOSURE FORM. ATTACHED TO THE FORM IS THE WRITTEN POLICY FOR REVIEW TO ENSURE IDENTIFICATION OF POTENTIAL CONFLICTS. ALL POTENTIAL CONFLICTS ARE PUBLISHED IN THE CONFLICT OF INTEREST LOG. DISINTERESTED DIRECTORS SHALL DETERMINE, BASED ON THE FACTS PRESENTED, BY THE MAJORITY VOTE APPROVE TO ENTER INTO TRANSACTIONS OR ARRANGEMENTS WITH A POTENTIAL CONFLICT.

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

COMPENSATION REVIEW PROCESS:

PERIODICALLY, THE ORGANIZATION REVIEWS NATIONAL SALARY INFORMATION FOR SIMILAR ORGANIZATIONS WITH KEY EMPLOYEES IN FUNCTIONALLY COMPARABLE

Name of the organization: CHN HOUSING PARTNERS

Employer identification number: 34-1346763

POSITIONS. THE APPROVAL OF COMPENSATION INCREASES IS UNDERTAKEN BY THE BOARD. SALARY DECISIONS MADE BY THE BOARD ARE REFLECTED IN THE BOARD MEETING MINUTES.

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

DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: CHN HOUSING PARTNERS

Employer identification number: 34-1346763

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

(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
CHN YEAR 16 INITIATIVES LLC - 46-4892887 2999 PAYNE AVENUE CLEVELAND, OH 44114	REAL ESTATE	OHIO	0.	0.	CHN HOUSING PARTNERS
CHN AFFORDABLE HOUSING SERVICES LLC - 82-2536287, 2999 PAYNE AVENUE, CLEVELAND, OH 44114	REAL ESTATE	OHIO	-72,901.	92,582.	CHN HOUSING PARTNERS
MAPLE PARK PLACE LLC - 90-0812656 2999 PAYNE AVENUE CLEVELAND, OH 44114	REAL ESTATE	OHIO	-217.	8,432.	CHN HOUSING PARTNERS

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
NHI, INC. - 34-1956653 2999 PAYNE AVENUE #134 CLEVELAND, OH 44114	SUPPORTING ORGANIZATION	OHIO	501(C)(3)	LINE 12B, II	N/A		X
CHN HOUSING CAPITAL - 82-4300537 2999 PAYNE AVENUE #134 CLEVELAND, OH 44114	MORTGAGE LENDING	OHIO	501(C)(3)	LINE 7	CHN HOUSING PARTNERS	X	
NHS OF GREATER CLEVELAND - 34-1166865 2999 PAYNE AVENUE #134 CLEVELAND, OH 44114	REAL ESTATE	OHIO	501(C)(3)	LINE 7	CHN HOUSING PARTNERS	X	
NEW SUNRISE PROPERTIES INC - 34-1678365 2999 PAYNE AVENUE #134 CLEVELAND, OH 44114	REAL ESTATE	OHIO	501(C)(3)	LINE 7	CHN HOUSING PARTNERS	X	

SEE PART VII FOR CONTINUATIONS

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

(a) 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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
CHN PARTNERSHIP RESERVES, LLC - 26-3299362, 2999 PAYNE AVENUE, CLEVELAND, OH 44114	REAL ESTATE	OH	N/A	RELATED	0.	0.		X	N/A		X	55.00%
GRANADA SQUARE APARTMENTS LLC - 84-4313174, 2999 PAYNE AVENUE, CLEVELAND, OH 44114	REAL ESTATE	OH	N/A	RELATED	0.	-46.		X	N/A		X	49.00%

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	(i) No
CHEVYBROOK ESTATES INC - 84-3520746 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-34.	1,284.	100%		X
CHN PARTNER SERVICES INC. - 81-5329438 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	62,188.	109,870.	100%		X
CHN SLP LLC - 82-2124534 2999 PAYNE AVENUE CLEVELAND, OH 44114	REAL ESTATE	OH	CHN HOUSING PARTNERS	C CORP	-86.	0.	100%		X
CLEVELAND GREEN HOMES EAST, INC. - 26-3068728, 2999 PAYNE AVENUE, CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-32.	671.	100%		X
CLEVELAND GREEN HOMES II, INC. - 27-0676197 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-44.	664.	100%		X

Part IV **Continuation of 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
CLEVELAND GREEN HOMES III, INC. - 90-0854010 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-31.	570.	100%		X
CLEVELAND GREEN HOMES, INC. - 26-3397957 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-20.	302.	100%		X
CLEVELAND NEW CONSTRUCTION IV HOMES INC - 20-5124686, 2999 PAYNE AVENUE, CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-29.	340.	100%		X
CLEVELAND NSP HOMES I, INC. - 42-2156335 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	2.	687.	100%		X
EAST SIDE NEIGHBORHOOD HOMES CORP - 13-4217057, 2999 PAYNE AVENUE, CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-16.	233.	25.00%		X
EDGEWOOD PARK, INC. - 26-0690559 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-17.	328.	51.00%		X
EMERALD ALLIANCE II, INC. - 20-3185147 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-20.	286.	51.00%		X
EMERALD ALLIANCE IX, INC. - 47-4423667 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-22.	505.	51.00%		X
EMERALD ALLIANCE V - 27-0683854 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-15.	384.	51.00%		X
EMERALD ALLIANCE VI, INC. - 45-2063593 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-21.	377.	51.00%		X
EMERALD ALLIANCE VII, INC. - 27-3596084 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-17.	272.	51.00%		X
EMERALD ALLIANCE VIII, INC. - 46-3076935 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-21.	521.	51.00%		X

Part IV **Continuation of 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
ERIE SQUARE APARTMENTS II, INC. - 14-1893981 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-17.	45.	100%		X
ERIEVIEW VILLAGE HOMES II CORP - 20-8647115 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	5.	0.	51.00%		X
HOUGH HERITAGE, INC. - 47-4423876 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	1.	0.	100%		X
HOUSECO XVI, INC. - 34-1876274 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	0.	0.	100%		X
HOUSECO, INC. - 34-1660978 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	0.	0.	100%		X
INTERNATIONAL VILLAGE, INC. - 82-2262345 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	0.	1.	100%		X
LA VILLA INC. - 83-0663889 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-1.	11.	100%		X
LEGACY AT SAINT LUKE'S INC. - 83-0638740 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	1.	0.	100%		X
MCGREGOR SR ASSISTED LIVING, INC. - 82-0769864, 2999 PAYNE AVENUE, CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	13.	406.	21.00%		X
MENWA APTS, INC. - 46-4639489 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	15.	120.	21.00%		X
PINZONE TOWERS INC - 84-3640381 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	65.	957.	51.00%		X
RAINBOW PLACE APARTMENTS, INC. - 20-4216859 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	0.	0.	100%		X

Part IV **Continuation of 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
SLAVIC VILLAGE GREEN HOMES I, INC. - 81-3151868, 2999 PAYNE AVENUE, CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	24.	581.	75.00%		X
SLAVIC VILLAGE HOMES, INC. - 20-5124631 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-13.	148.	51.00%		X
SOUTH POINTE COMMONS, INC. - 20-5124526 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-21.	342.	51.00%		X
STOCKYARD HOMES I, INC. - 20-3185289 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	0.	368.	100%		X
SWDS HOMES INC - 84-1865241 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-24.	746.	100%		X
EMERALD ALLIANCE XI, INC. - 82-2246020 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-29.	639.	51.00%		X
CLEVELAND SCHOLAR HOUSE INC - 87-0875157 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-118.	81.	100%		X
ST. JOHNS VILLAGE WEST FAMILY GP CORP - 27-3749776, 2999 PAYNE AVENUE, CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-19.	592.	100%		X
DETROIT SHOREWAY HOMES INC - 85-1291535 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-43.	903.	100%		X
EMERALD ALLIANCE X, INC - 81-3166037 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-16.	516.	51.00%		X
LARCHMERE HOMES INC - 87-0854716 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-128.	1,322.	100%		X
CUYAHOGA TAY INC - 87-0956766 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	0.	607.	100%		X

Part IV **Continuation of 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
MCGREGOR INDEPENDENT LIVING, INC - 85-3879229, 2999 PAYNE AVENUE, CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	0.	0.	51.00%		X
THE ARCH AT ST MICHAEL, INC - 85-1392517 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	0.	0.	100%		X
HOPE HOMES I INC - 93-1530556 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	0.	0.	100%		X
MWSA GP INC - 88-2468779 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH		C CORP	0.	19.	21.00%		X
ORCHARD VILLAGE GP LLC - 87-3040378 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH		C CORP	0.	0.	75.00%		X
SUNRISE HOMES INC. - 92-2886021 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH		C CORP	0.	0.	100%		X
SNL GP INC. - 93-1718912 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH		C CORP	0.	0.	100%		X
PARKSIDE HOMES EAST INC. - 99-0477317 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH		C CORP	0.	0.	100%		X
TEE APARTMENTS, LLC - 93-3889211 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH		C CORP	0.	0.	70.00%		X
CHN TRIBE JEFFERSON LLC - 93-3902165 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH		C CORP	0.	0.	75.00%		X
ARCHDALE SENIOR LLC - 93-3917849 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH		C CORP	0.	0.	75.00%		X
CLEVELAND WEST VETERANS HOUSING INC. - 99-3338239, 2999 PAYNE AVENUE, CLEVELAND, OH 44114	PROPERTY MGMT	OH		C CORP	0.	0.	100%		X

Part IV **Continuation of 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
HOUGH SENIOR INDEPENDENT LIVING INC. - 99-3337958, 2999 PAYNE AVENUE, CLEVELAND, OH 44114	PROPERTY MGMT	OH		C CORP	0.	0.	100%		X
CHN TAY SLP LLC - 92-3328901 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH		C CORP	0.	0.	100%		X

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		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i	X	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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
(1)	CHN HOUSING CAPITAL	O	0.	SEE SUPPLEMENTAL INFORMATION
(2)	CHN HOUSING CAPITAL	I	0.	SEE SUPPLEMENTAL INFORMATION
(3)	CHN HOUSING CAPITAL	N	0.	SEE SUPPLEMENTAL INFORMATION
(4)	CHN HOUSING CAPITAL	P	0.	SEE SUPPLEMENTAL INFORMATION
(5)	CHN HOUSING CAPITAL	J	0.	SEE SUPPLEMENTAL INFORMATION
(6)	CHN HOUSING CAPITAL	D	0.	SEE SUPPLEMENTAL INFORMATION

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) CHN HOUSING CAPITAL	Q	0.	SEE SUPPLEMENTAL INFORMATION
(8) NHS OF GREATER CLEVELAND	P	0.	SEE SUPPLEMENTAL INFORMATION
(9) NHS OF GREATER CLEVELAND	J	0.	SEE SUPPLEMENTAL INFORMATION
(10) NHS OF GREATER CLEVELAND	Q	0.	SEE SUPPLEMENTAL INFORMATION
(11) NHS OF GREATER CLEVELAND	O	0.	SEE SUPPLEMENTAL INFORMATION
(12) NHS OF GREATER CLEVELAND	N	0.	SEE SUPPLEMENTAL INFORMATION
(13) NHS OF GREATER CLEVELAND	I	0.	SEE SUPPLEMENTAL INFORMATION
(14) NEW SUNRISE PROPERTIES, INC.	Q	0.	SEE SUPPLEMENTAL INFORMATION
(15) NEW SUNRISE PROPERTIES, INC.	O	0.	SEE SUPPLEMENTAL INFORMATION
(16) NEW SUNRISE PROPERTIES, INC.	N	0.	SEE SUPPLEMENTAL INFORMATION
(17) NEW SUNRISE PROPERTIES, INC.	I	0.	SEE SUPPLEMENTAL INFORMATION
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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 sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:

CHN YEAR 16 INITIATIVES LLC

EIN: 46-4892887

2999 PAYNE AVENUE

CLEVELAND, OH 44114

PRIMARY ACTIVITY: REAL ESTATE

DIRECT CONTROLLING ENTITY: CHN HOUSING PARTNERS

NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:

CHN AFFORDABLE HOUSING SERVICES LLC

EIN: 82-2536287

2999 PAYNE AVENUE

CLEVELAND, OH 44114

PRIMARY ACTIVITY: REAL ESTATE

DIRECT CONTROLLING ENTITY: CHN HOUSING PARTNERS

NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:

MAPLE PARK PLACE LLC

EIN: 90-0812656

2999 PAYNE AVENUE

CLEVELAND, OH 44114

PRIMARY ACTIVITY: REAL ESTATE

DIRECT CONTROLLING ENTITY: CHN HOUSING PARTNERS

SCHEDULE R: PART V: SECTION 2: LINES 2-9

CHN HOUSING PARTNERS, CHN HOUSING CAPITAL, NEIGHBORHOOD HOUSING

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SERVICES OF GREATER CLEVELAND, AND NEW SUNRISE PROPERTIES, INC. SHARE ALL OF THEIR PAID EMPLOYEES, AS WELL AS SHARING THEIR FACILITIES, EQUIPMENT AND OTHER ASSETS. EXPENSES ARE PAID AND REIMBURSED AMONGST THE ENTITIES THROUGHOUT THE YEAR.