

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

Open to Public Inspection

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.

Department of the Treasury

Internal Revenue Service

For the 2023 calendar year, or tax year beginning 01-01-2023, and ending 12-31-2023

- 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) Room/suite: 2999 PAYNE AVENUE 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, 2999 PAYNE AVENUE 134, CLEVELAND, OH 44114

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.CHNHOUSINGPARTNERS.ORG

K Form of organization: Corporation

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

Part I Summary

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 IMPROVE COMMUNITIES.

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box, 3 Number of voting members (21), 4 Number of independent voting members (21), 5 Total number of individuals employed (293), 6 Total number of volunteers (251), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0)

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (75,375,210 / 35,292,563), 9 Program service revenue (19,135,208 / 18,897,013), 10 Investment income (716,585 / 483,779), 11 Other revenue (1,538,612 / 2,803,807), 12 Total revenue (96,765,615 / 57,477,162)

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (0 / 0), 14 Benefits paid to or for members (0 / 0), 15 Salaries, other compensation, employee benefits (18,893,387 / 19,559,265), 16a Professional fundraising fees (0 / 0), 16b Total fundraising expenses (813,724), 17 Other expenses (76,570,711 / 37,514,037), 18 Total expenses (95,464,098 / 57,073,302), 19 Revenue less expenses (1,301,517 / 403,860)

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (94,453,168 / 89,144,274), 21 Total liabilities (63,637,373 / 57,924,619), 22 Net assets or fund balances (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 MARY SMIGELSKI CHIEF FINANCIAL OFFICER, Date 2024-11-14

Paid Preparer Use Only: Print/Type preparer's name COHEN & COMPANY LTD, Preparer's signature, Date 2024-11-14, Check self-employed, PTIN P02184330, Firm's EIN 34-1912961, Firm's address OFFICES LISTED AT WWWCOHENCPACOM, OH 44115, Phone no. (800) 229-1099

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

Part III Statement of Program Service Accomplishments

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

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] [checked] 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] [checked] 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 HOMEOWNERS WITH THE SINGLE FAMILY PRESERVATION PROGRAM.

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 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.

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

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

4e Total program service expenses 53,737,124

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Main form content with questions 2a through 17 and corresponding answer boxes (2a-17).

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee, or key employee...

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe on Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed. 18 Section 6104 requires an organization to make its Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/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
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) CHRIS WARREN ..... TRUSTEE/CHAIR	2.00	X		X			0	0	0
(2) CAROLYNN GALLOWAY ..... TRUSTEE/VICE CHAIR	2.00	X		X			0	0	0
(3) SAHNARA HENDRIX-ARNEY ..... TRUSTEE/SECRETARY	2.00	X		X			0	0	0
(4) JIM POZNIK ..... TRUSTEE/TREASURER	2.00	X		X			0	0	0
(5) CAROLINE PEAK ..... TRUSTEE	2.00	X					0	0	0
(6) CATHRYN GREENWALD ..... TRUSTEE	2.00	X					0	0	0
(7) CHERI SMITH ..... TRUSTEE	2.00	X					0	0	0
(8) DAN LAST ..... TRUSTEE	2.00	X					0	0	0
(9) DAVID RONEY ..... TRUSTEE	2.00	X					0	0	0
(10) DENISE CASINO ..... TRUSTEE	2.00	X					0	0	0
(11) GARY SARDON ..... TRUSTEE	2.00	X					0	0	0
(12) KATHY HEXTER ..... TRUSTEE	2.00	X					0	0	0
(13) KRUME STOJANOVSKI ..... TRUSTEE	2.00	X					0	0	0
(14) LORETTA HUNTER ..... TRUSTEE	2.00	X					0	0	0
(15) MICHAEL SERING ..... TRUSTEE	2.00	X					0	0	0
(16) MIKE GRIFFIN ..... TRUSTEE	2.00	X					0	0	0
(17) NICK DISANTO ..... TRUSTEE	2.00	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/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
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) PETER MEISEL ..... TRUSTEE	2.00 ..... 2.00	X					0	0	0
(19) REV JIMMY GATES SR ..... TRUSTEE	2.00 ..... 2.00	X					0	0	0
(20) SERONICA POWELL ..... TRUSTEE	2.00 ..... 2.00	X					0	0	0
(21) TERRELL SANDERS ..... TRUSTEE	2.00 ..... 3.00	X					0	0	0
(22) KEVIN J NOWAK ..... PRESIDENT AND CEO	40.00 ..... 1.00			X			250,697	0	55,466
(23) MARY SMIGELSKI ..... CHIEF FINANCIAL OFFICER	40.00 ..... 1.00			X			211,448	0	52,336
(24) PATRICK KENNEY ..... CHIEF OPERATING OFFICER	40.00 ..... 40.00			X			190,194	0	39,854
(25) JANET REED-JAMES ..... CHIEF HUMAN RESOURCE OFFIC	40.00 ..... 40.00			X			178,734	0	63,060
(26) JOHN MILLER ..... CHIEF IMPLEMENTATION OFFIC	40.00 ..... 40.00			X			173,108	0	23,977
(27) MARK WHIPKEY ..... CHIEF OF ASSET MANAGEMENT	40.00 ..... 1.00			X			201,066	0	56,926
(28) JOE HALL ..... VICE PRESIDENT/REAL ESTATE	40.00 ..... 40.00				X		185,648	0	37,323
(29) JASON HEADEN ..... VICE PRESIDENT/DETROIT MAR	40.00 ..... 40.00				X		165,547	0	4,958
(30) KATE CARDEN ..... VICE PRESIDENT/PROGRAMS	40.00 ..... 40.00				X		155,340	0	8,057
(31) CHERYL MCHALLAM ..... REAL ESTATE DEVELOPMENT MANAGER	40.00 ..... 40.00				X		150,500	0	1,317
(32) JUSTIN FLEMING ..... VICE PRESIDENT/SINGLE-FAMILY PRESERVATION	40.00 ..... 40.00				X		144,710	0	48,353
<b>1b Sub-Total</b> . . . . .									
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .									
<b>d Total (add lines 1b and 1c)</b> . . . . .						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 **2 1**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 **2 2**

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants, and Other Similar Amounts, Federated campaigns, Membership dues, Fundraising events, etc.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include MANAGEMENT FEES - AFFILIATED ENTI, RENTAL INCOME, MAINTENANCE SERVICES - AFFILIATED, etc.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Gross rents, Net rental income, Gross amount from sales of assets, Net gain or (loss), Gross income from fundraising events, Net income or (loss) from fundraising events, Gross income from gaming activities, Net income or (loss) from gaming activities, Gross sales of inventory, Net income or (loss) from sales of inventory.

Table for Other Revenue Misc Amt with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include MISC. INCOME, All other revenue, Total revenue.

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

**Part X Balance Sheet**

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

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	57,477,162
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	57,073,302
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	403,860
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	30,815,795
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	<b>10</b>	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
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
<b>3a</b>	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?	Yes	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

**Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

**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  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	22,071,221	31,236,187	73,921,091	75,375,210	35,292,563	237,896,272
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	22,071,221	31,236,187	73,921,091	75,375,210	35,292,563	237,896,272
<b>5</b> 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) . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						237,896,272

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4. . .	22,071,221	31,236,187	73,921,091	75,375,210	35,292,563	237,896,272
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .	853,439	888,514	819,544			2,561,497
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .	82,500					82,500
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	1,305,685	1,635,468	2,822,296			5,763,449
<b>11 Total support.</b> Add lines 7 through 10						246,303,718

**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**

<b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	96.590 %
<b>15</b> Public support percentage for 2022 Schedule A, Part II, line 14 . . . . .	<b>15</b>	95.910 %

**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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: Calendar year (or fiscal year beginning in), 1 Gifts, grants, contributions, and membership fees received, 2 Gross receipts from admissions, merchandise sold or services performed, 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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: Calendar year (or fiscal year beginning in), 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

- 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 17 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, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b>	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.		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b>	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 <b>Part VI</b> 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.		
<b>5a</b>	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b>	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 <b>Part VI</b> .		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
<b>8</b>	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).		
<b>9a</b>	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 <b>Part VI</b> .		
<b>b</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 <b>Part VI</b> .		
<b>c</b>	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 <b>Part VI</b> .		
<b>10a</b>	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.		
<b>b</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).		

**Part IV Supporting Organizations** (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
 

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		
- 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?
- b** A family member of a person described on 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in Part VI*

**Section B. Type I Supporting Organizations**

- 1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*

	Yes	No
<b>1</b>		
- 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.*

	Yes	No
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 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).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

**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 government entity (see instructions)

**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.*
- 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.*

**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.*
- 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.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**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)

- |   |          |  |  |
|---|----------|--|--|
| <b>1</b> Net short-term capital gain  | <b>1</b> |  |  |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |  |  |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |  |  |
| <b>4</b> Add lines 1 through 3  | <b>4</b> |  |  |
| <b>5</b> Depreciation and depletion   | <b>5</b> |  |  |
| <b>6</b> 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) | <b>6</b> |  |  |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |  |  |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b> |  |  |

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

- |  |           |  |  |
|--|-----------|--|--|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | <b>1</b>  |  |  |
| <b>a</b> Average monthly value of securities   | <b>1a</b> |  |  |
| <b>b</b> Average monthly cash balances   | <b>1b</b> |  |  |
| <b>c</b> Fair market value of other non-exempt-use assets  | <b>1c</b> |  |  |
| <b>d Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |  |  |
| <b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |           |  |  |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets  | <b>2</b>  |  |  |
| <b>3</b> Subtract line 2 from line 1d  | <b>3</b>  |  |  |
| <b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>  |  |  |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>  |  |  |
| <b>6</b> Multiply line 5 by 0.035  | <b>6</b>  |  |  |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |  |  |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |  |  |

**Section C - Distributable Amount**

Current Year

- |  |          |  |
|--|----------|--|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)   | <b>1</b> |  |
| <b>2</b> Enter 85% of line 1   | <b>2</b> |  |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)  | <b>3</b> |  |
| <b>4</b> Enter greater of line 2 or line 3   | <b>4</b> |  |
| <b>5</b> Income tax imposed in prior year  | <b>5</b> |  |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |  |

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

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

### Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF 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.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Schedule B**

**Schedule of Contributors**

OMB No. 1545-0047

**2023**

(Form 990)  
Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ
  - 501(c)( ) (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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (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
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> 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
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

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 information once. See instructions.) ► \$ \_\_\_\_\_

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	
_____		_____	
_____		_____	

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

Supplemental Financial Statements

2022

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor information.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Year. Rows include purpose(s) of easements, total number, acreage, and number of easements on historic structures, plus monitoring questions.

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.

Table with 2 columns: Description, Amount. Rows include art collection reporting requirements and amounts for revenue and assets.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance . . . . .	825,000	825,000	825,000	825,000	825,000
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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 ▶ 100.000 %
  - 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 |
|--|------------------|----|
| <b>(i)</b> Unrelated organizations . . . . .   | <b>3a(i)</b> Yes | No |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b>    | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>        |    |
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		906,878	812,069	94,809
<b>e</b> Other . . . . .		1,291,616		1,291,616
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENTS IN LIMITED PARTNERSHIPS	7,621,469	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)	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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	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	
DEFERRED INTEREST PAYABLE - LONG TERM	1,486,227
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

**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.

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
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.

## **Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2023**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHN HOUSING PARTNERS

Employer identification number

34-1346763

**Part I Questions Regarding Compensation**

**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.

<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)

**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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**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?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 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?
  - b** Any related organization?
- 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?
  - b** Any related organization?
- 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 in lines 5 and 6? If "Yes," describe in Part III.

**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.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

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

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

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

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

**Part III Supplemental Information**

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

Return Reference	Explanation
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.

## **Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

**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 990-EZ.**Go to [www.irs.gov/Form990](http://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

Return Reference	Explanation
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. 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 REQUIREMENTS 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 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.

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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
<b>(1)</b> CHN YEAR 16 INITIATIVES LLC 2999 PAYNE AVENUE CLEVELAND, OH 44114 46-4892887	REAL ESTATE	OH	0	0	CHN HOUSING PARTNERS
<b>(2)</b> CHN AFFORDABLE HOUSING SERVICES LLC 2999 PAYNE AVENUE CLEVELAND, OH 44114 82-2536287	REAL ESTATE	OH	-72,901	92,582	CHN HOUSING PARTNERS
<b>(3)</b> MAPLE PARK PLACE LLC 2999 PAYNE AVENUE CLEVELAND, OH 44114 90-0812656	REAL ESTATE	OH	-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
<b>(1)</b> NHI INC 2999 PAYNE AVENUE 134  CLEVELAND, OH 44114 34-1956653	SUPPORTING ORGANIZATION	OH	501(C)(3)	LINE 12B, II	N/A		No
<b>(2)</b> CHN HOUSING CAPITAL 2999 PAYNE AVENUE 134  CLEVELAND, OH 44114 82-4300537	MORTGAGE LENDING	OH	501(C)(3)	LINE 7	CHN HOUSING PARTNERS	Yes	
<b>(3)</b> NHS OF GREATER CLEVELAND 2999 PAYNE AVENUE 134  CLEVELAND, OH 44114 34-1166865	REAL ESTATE	OH	501(C)(3)	LINE 7	CHN HOUSING PARTNERS	Yes	
<b>(4)</b> NEW SUNRISE PROPERTIES INC 2999 PAYNE AVENUE 134  CLEVELAND, OH 44114 34-1678365	REAL ESTATE	OH	501(C)(3)	LINE 7	CHN HOUSING PARTNERS	Yes	

**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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> CHN PARTNERSHIP RESERVES LLC 2999 PAYNE AVENUE CLEVELAND, OH 44114 26-3299362	REAL ESTATE	OH	N/A	RELATED				No			No	55.000 %
<b>(2)</b> GRANADA SQUARE APARTMENTS LLC 2999 PAYNE AVENUE CLEVELAND, OH 44114 84-4313174	REAL ESTATE	OH	N/A	RELATED		-46		No			No	49.000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
<b>(1)</b> CHEVYBROOK ESTATES INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 84-3520746	PROPERTY MGMT	OH	N/A	C	-34	1,284	100.000 %		No
<b>(2)</b> CHN PARTNER SERVICES INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 81-5329438	PROPERTY MGMT	OH	N/A	C	62,188	109,870	100.000 %		No
<b>(3)</b> CHN SLP LLC 2999 PAYNE AVENUE CLEVELAND, OH 44114 82-2124534	REAL ESTATE	OH	CHN HOUSING PARTNERS	C	-86		100.000 %		No
<b>(4)</b> CLEVELAND GREEN HOMES EAST INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 26-3068728	PROPERTY MGMT	OH	N/A	C	-32	671	100.000 %		No
<b>(5)</b> CLEVELAND GREEN HOMES II INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 27-0676197	PROPERTY MGMT	OH	N/A	C	-44	664	100.000 %		No
<b>(6)</b> CLEVELAND GREEN HOMES III INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 90-0854010	PROPERTY MGMT	OH	N/A	C	-31	570	100.000 %		No
<b>(7)</b> CLEVELAND GREEN HOMES INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 26-3397957	PROPERTY MGMT	OH	N/A	C	-20	302	100.000 %		No
<b>(8)</b> CLEVELAND NEW CONSTRUCTION IV HOMES INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-5124686	PROPERTY MGMT	OH	N/A	C	-29	340	100.000 %		No
<b>(9)</b> CLEVELAND NSP HOMES I INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 42-2156335	PROPERTY MGMT	OH	N/A	C	2	687	100.000 %		No
<b>(10)</b> EAST SIDE NEIGHBORHOOD HOMES CORP 2999 PAYNE AVENUE CLEVELAND, OH 44114 13-4217057	PROPERTY MGMT	OH	N/A	C	-16	233	25.000 %		No
<b>(11)</b> EDGEWOOD PARK INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 26-0690559	PROPERTY MGMT	OH	N/A	C	-17	328	51.000 %		No
<b>(12)</b> EMERALD ALLIANCE II INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-3185147	PROPERTY MGMT	OH	N/A	C	-20	286	51.000 %		No
<b>(13)</b> EMERALD ALLIANCE IX INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 47-4423667	PROPERTY MGMT	OH	N/A	C	-22	505	51.000 %		No
<b>(14)</b> EMERALD ALLIANCE V 2999 PAYNE AVENUE CLEVELAND, OH 44114 27-0683854	PROPERTY MGMT	OH	N/A	C	-15	384	51.000 %		No
<b>(15)</b> EMERALD ALLIANCE VI INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 45-2063593	PROPERTY MGMT	OH	N/A	C	-21	377	51.000 %		No
<b>(16)</b> EMERALD ALLIANCE VII INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 27-3596084	PROPERTY MGMT	OH	N/A	C	-17	272	51.000 %		No
<b>(17)</b> EMERALD ALLIANCE VIII INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 46-3076935	PROPERTY MGMT	OH	N/A	C	-21	521	51.000 %		No
<b>(18)</b> ERIE SQUARE APARTMENTS II INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 14-1893981	PROPERTY MGMT	OH	N/A	C	-17	45	100.000 %		No
<b>(19)</b> ERIEVIEW VILLAGE HOMES II CORP 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-8647115	PROPERTY MGMT	OH	N/A	C	5		51.000 %		No
<b>(20)</b> HOUGH HERITAGE INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 47-4423876	PROPERTY MGMT	OH	N/A	C	1		100.000 %		No
<b>(21)</b> HOUSECO XVI INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 34-1876274	PROPERTY MGMT	OH	N/A	C			100.000 %		No
<b>(22)</b> HOUSECO INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 34-1660978	PROPERTY MGMT	OH	N/A	C			100.000 %		No
<b>(23)</b> INTERNATIONAL VILLAGE INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 82-2262345	PROPERTY MGMT	OH	N/A	C		1	100.000 %		No
<b>(24)</b> LA VILLA INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 83-0663889	PROPERTY MGMT	OH	N/A	C	-1	11	100.000 %		No
<b>(25)</b> LEGACY AT SAINT LUKE'S INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 83-0638740	PROPERTY MGMT	OH	N/A	C	1		100.000 %		No
<b>(26)</b> MCGREGOR SR ASSISTED LIVING INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 82-0769864	PROPERTY MGMT	OH	N/A	C	13	406	21.000 %		No
<b>(27)</b> MENWA APTS INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 46-4639489	PROPERTY MGMT	OH	N/A	C	15	120	21.000 %		No
<b>(28)</b> PINZONE TOWERS INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 84-3640381	PROPERTY MGMT	OH	N/A	C	65	957	51.000 %		No
<b>(29)</b> RAINBOW PLACE APARTMENTS INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-4216859	PROPERTY MGMT	OH	N/A	C			100.000 %		No
<b>(30)</b> SLAVIC VILLAGE GREEN HOMES I INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 81-3151868	PROPERTY MGMT	OH	N/A	C	24	581	75.000 %		No
<b>(31)</b> SLAVIC VILLAGE HOMES INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-5124631	PROPERTY MGMT	OH	N/A	C	-13	148	51.000 %		No
<b>(32)</b> SOUTH POINTE COMMONS INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-5124526	PROPERTY MGMT	OH	N/A	C	-21	342	51.000 %		No
<b>(33)</b> STOCKYARD HOMES I INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-3185289	PROPERTY MGMT	OH	N/A	C		368	100.000 %		No
<b>(34)</b> SWDS HOMES INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 84-1865241	PROPERTY MGMT	OH	N/A	C	-24	746	100.000 %		No
<b>(35)</b> EMERALD ALLIANCE XI INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 82-2246020	PROPERTY MGMT	OH	N/A	C	-29	639	51.000 %		No
<b>(36)</b> CLEVELAND SCHOLAR HOUSE INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 87-0875157	PROPERTY MGMT	OH	N/A	C	-118	81	100.000 %		No
<b>(37)</b> ST JOHNS VILLAGE WEST FAMILY GP CORP 2999 PAYNE AVENUE CLEVELAND, OH 44114 27-3749776	PROPERTY MGMT	OH	N/A	C	-19	592	100.000 %		No
<b>(38)</b> DETROIT SHOREWAY HOMES INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 85-1291535	PROPERTY MGMT	OH	N/A	C	-43	903	100.000 %		No
<b>(39)</b> EMERALD ALLIANCE X INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 81-3166037	PROPERTY MGMT	OH	N/A	C	-16	516	51.000 %		No
<b>(40)</b> LARCHMERE HOMES INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 87-0854716	PROPERTY MGMT	OH	N/A	C	-128	1,322	100.000 %		No
<b>(41)</b> CUYAHOGA TAY INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 87-0956766	PROPERTY MGMT	OH	N/A	C		607	100.000 %		No
<b>(42)</b> MCGREGOR INDEPENDENT LIVING INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 85-3879229	PROPERTY MGMT	OH	N/A	C			51.000 %		No
<b>(43)</b> THE ARCH AT ST MICHAEL INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 85-1392517	PROPERTY MGMT	OH	N/A	C			100.000 %		No
<b>(44)</b> HOPE HOMES I INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 93-1530556	PROPERTY MGMT	OH	N/A	C			100.000 %		No
<b>(45)</b> MWSA GP INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 88-2468779	PROPERTY MGMT	OH		C		19	21.000 %		No
<b>(46)</b> ORCHARD VILLAGE GP LLC 2999 PAYNE AVENUE CLEVELAND, OH 44114 87-3040378	PROPERTY MGMT	OH		C			75.000 %		No
<b>(47)</b> SUNRISE HOMES INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 92-2886021	PROPERTY MGMT	OH		C			100.000 %		No
<b>(48)</b> SNL GP INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 93-1718912	PROPERTY MGMT	OH		C			100.000 %		No
<b>(49)</b> PARKSIDE HOMES EAST INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 99-0477317	PROPERTY MGMT	OH		C			100.000 %		No
<b>(50)</b> TEE APARTMENTS LLC 2999 PAYNE AVENUE CLEVELAND, OH 44114 93-3889211	PROPERTY MGMT	OH		C			70.000 %		No
<b>(51)</b> CHN TRIBE JEFFERSON LLC 2999 PAYNE AVENUE CLEVELAND, OH 44114 93-3902165	PROPERTY MGMT	OH		C			75.000 %		No
<b>(52)</b> ARCHDALE SENIOR LLC 2999 PAYNE AVENUE CLEVELAND, OH 44114 93-3917849	PROPERTY MGMT	OH		C			75.000 %		No
<b>(53)</b> CLEVELAND WEST VETERANS HOUSING INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 99-3338239	PROPERTY MGMT	OH		C			100.000 %		No
<b>(54)</b> HOUGH SENIOR INDEPENDENT LIVING INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 99-3337958	PROPERTY MGMT	OH		C			100.000 %		No
<b>(55)</b> CHN TAY SLP LLC 2999 PAYNE AVENUE CLEVELAND, OH 44114 92-3328901	PROPERTY MGMT	OH		C			100.000 %		No

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

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

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

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>		No
<b>1d</b>	Yes	
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>	Yes	
<b>1j</b>	Yes	
<b>1k</b>		No
<b>1l</b>		No
<b>1m</b>		No
<b>1n</b>	Yes	
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>		No
<b>1s</b>		No

**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
<b>(1)</b> CHN HOUSING CAPITAL	O		SEE SUPPLEMENTAL INFORMATION
<b>(2)</b> CHN HOUSING CAPITAL	I		SEE SUPPLEMENTAL INFORMATION
<b>(3)</b> CHN HOUSING CAPITAL	N		SEE SUPPLEMENTAL INFORMATION
<b>(4)</b> CHN HOUSING CAPITAL	P		SEE SUPPLEMENTAL INFORMATION
<b>(5)</b> CHN HOUSING CAPITAL	J		SEE SUPPLEMENTAL INFORMATION
<b>(6)</b> CHN HOUSING CAPITAL	D		SEE SUPPLEMENTAL INFORMATION
<b>(7)</b> CHN HOUSING CAPITAL	Q		SEE SUPPLEMENTAL INFORMATION
<b>(8)</b> NHS OF GREATER CLEVELAND	P		SEE SUPPLEMENTAL INFORMATION
<b>(9)</b> NHS OF GREATER CLEVELAND	J		SEE SUPPLEMENTAL INFORMATION
<b>(10)</b> NHS OF GREATER CLEVELAND	Q		SEE SUPPLEMENTAL INFORMATION
<b>(11)</b> NHS OF GREATER CLEVELAND	O		SEE SUPPLEMENTAL INFORMATION
<b>(12)</b> NHS OF GREATER CLEVELAND	N		SEE SUPPLEMENTAL INFORMATION
<b>(13)</b> NHS OF GREATER CLEVELAND	I		SEE SUPPLEMENTAL INFORMATION
<b>(14)</b> NEW SUNRISE PROPERTIES INC	Q		SEE SUPPLEMENTAL INFORMATION
<b>(15)</b> NEW SUNRISE PROPERTIES INC	O		SEE SUPPLEMENTAL INFORMATION
<b>(16)</b> NEW SUNRISE PROPERTIES INC	N		SEE SUPPLEMENTAL INFORMATION
<b>(17)</b> NEW SUNRISE PROPERTIES INC	I		SEE SUPPLEMENTAL INFORMATION



**Part VII Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R: PART V: SECTION 2: LINES 2-9	CHN HOUSING PARTNERS, CHN HOUSING CAPITAL, NEIGHBORHOOD HOUSING 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.

Schedule R (Form 990) 2023

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