

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2024

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

A For the 2024 calendar year, or tax year beginning 01-01-2024, and ending 12-31-2024

- 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: 3711 CHESTER AVENUE 100. 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 \$ 57,961,939

F Name and address of principal officer: KEVIN J NOWAK, 3711 CHESTER AVENUE 100, 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

Activities & Governance

Table with 2 columns: Description and Amount. Rows include mission statement, membership counts, and revenue/expenses.

Revenue

Table with 3 columns: Description, Prior Year, Current Year. Rows include contributions, program service revenue, investment income, and other revenue.

Expenses

Table with 3 columns: Description, Prior Year, Current Year. Rows include grants paid, benefits, salaries, fundraising fees, and other expenses.

Net Assets or Fund Balances

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include total assets, total liabilities, and net assets.

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.

Sign Here: Signature of officer MARY SMIGELSKI CHIEF FINANCIAL OFFICER, Date 2025-11-17

Paid Preparer Use Only

Print/Type preparer's name, Preparer's signature, Date 2025-11-17, Check if self-employed, PTIN P02184330, Firm's name COHEN & CO ADVISORY LLC, Firm's EIN 33-1756852, Firm's address OFFICES LISTED AT WWWCOHENCOCOM, 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



1 Briefly describe the organization's mission:

CHN'S MISSION IS TO LEVERAGE THE POWER OF AFFORDABLE HOUSING TO IMPROVE LIVES AND 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 No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 27,782,053 including grants of \$) (Revenue \$ 18,573,078)

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 2024, CHN STARTED OR COMPLETED CONSTRUCTION ON 296 AFFORDABLE HOUSING UNITS AND SOLD 53 HOMES TO LOW-INCOME FAMILIES WHO COULD NOT OTHERWISE ACHIEVE HOMEOWNERSHIP THROUGH OUR LEASE PURCHASE PROGRAM. CHN SERVED 113 HOMEOWNERS WITH THE SINGLE FAMILY PRESERVATION PROGRAM.

4b (Code:) (Expenses \$ 15,867,438 including grants of \$) (Revenue \$ 78,364)

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 \$20 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 2024, CHN COMPLETED 3,637 JOBS IN A 22-COUNTY AREA.

4c (Code:) (Expenses \$ 5,903,308 including grants of \$) (Revenue \$ 0)

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 2024, 4,888 INDIVIDUALS RECEIVED HOUSING COUNSELING AND EDUCATION THROUGH CHN. 203 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 528 HOUSEHOLDS THAT WERE EITHER AT RISK OF OR CURRENTLY IN PROPERTY TAX FORECLOSURE WERE BROUGHT CURRENT ON THEIR PROPERTY TAXES. ALSO IN 2024, CHN ADMINISTERED UTILITY ASSISTANCE PROGRAMS THAT PROCESSED 26,897 CASES.

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

4e Total program service expenses 49,552,799

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions 11a-e and 14a-b. Each row has a corresponding 'Yes' and 'No' column for the answer.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Table with 17 main rows and multiple sub-rows (a-e). Columns include question text, sub-row identifier (e.g., 2a, 2b), and response area (Yes/No). Row 2a contains the value 277. Row 2b contains 'Yes'. Row 3a contains 'No'. Row 4a contains 'No'. Row 5a contains 'No'. Row 5b contains 'No'. Row 6a contains 'No'. Row 7c contains 'No'. Row 7e contains 'No'. Row 7f contains 'No'. Row 7g contains 'No'. Row 7h contains 'No'. Row 8 contains 'No'. Row 9a contains 'No'. Row 9b contains 'No'. Row 10a contains 'No'. Row 10b contains 'No'. Row 11a contains 'No'. Row 11b contains 'No'. Row 12a contains 'No'. Row 12b contains 'No'. Row 13a contains 'No'. Row 13b contains 'No'. Row 13c contains 'No'. Row 14a contains 'No'. Row 14b contains 'No'. Row 15 contains 'No'. Row 16 contains 'No'. Row 17 contains 'No'.

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 included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

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 O H 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MARY SMIGELSKI 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 (216) 574-7100

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.

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows list individuals like CHRIS WARREN, CAROLYNN GALLOWAY, SAHNARA HENDRIX-ARNEY, etc.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include individuals like PETER MEISEL, JIMMY GATES SR, etc.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

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 3 5

Table with 3 columns: Question number, Question text, Yes/No response. Questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Rows include AMERICAN BUILDERS & APPLICATORS, PROF ROOFING & CONTRACTING, etc.

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 1 8

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Amt Similar Amounts				
1a Federated campaigns			1,069,645	
b Membership dues				
c Fundraising events				
d Related organizations				
e Government grants (contributions)			22,359,939	
f All other contributions, gifts, grants, and similar amounts not included above			15,201,044	
g Noncash contributions included in lines 1a - 1f:\$				
h Total. Add lines 1a-1f				38,630,628

Program Service Revenue		Business Code				
2a MANAGEMENT FEES - AFFILIATED ENTI	900099	12,227,152	12,227,152			
b RENTAL INCOME	900099	2,002,555	2,002,555			
c MAINTENANCE SERVICES - AFFILIATED	900099	828,776	828,776			
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.		15,058,483				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		429,998	429,998			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6b Less: rental expenses					
		6c Rental income or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7b Less: cost or other basis and sales expenses					
		7c Gain or (loss)					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
		8b Less: direct expenses					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19							
	9b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		409,703					
	10b Less: cost of goods sold		679,869				
	c Net income or (loss) from sales of inventory		-270,166	-270,166			

Other Revenue Misc Amt	11a MISC. INCOME	Business Code				
		900099	3,433,127	3,433,127		
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d			3,433,127			
12 Total revenue. See instructions			57,282,070	18,651,442	0	0

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,370,410	1,129,519	193,491	47,400
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	16,261,338	13,450,886	2,257,438	553,014
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	399,412	329,203	56,394	13,815
9 Other employee benefits	1,779,189	1,466,443	251,207	61,539
10 Payroll taxes	1,320,901	1,096,826	179,984	44,091
11 Fees for services (non-employees):				
a Management				
b Legal	35,492	19,187	14,885	1,420
c Accounting	100,000	54,058	41,940	4,002
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,793,692	2,066,071	1,577,138	150,483
12 Advertising and promotion				
13 Office expenses	1,178,133	974,469	177,186	26,478
14 Information technology				
15 Royalties				
16 Occupancy	1,857,305	1,743,509	97,283	16,513
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,659	1,659		
20 Interest	174,575	174,575		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	121,456	74,984	46,472	
23 Insurance	202,887	189,248	11,623	2,016
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT MATERIALS	13,642,981	13,642,981		
b PROGRAM SERVICES	12,975,705	12,975,705		
c MISC. EXPENSES	117,517	84,527	7,592	25,398
d LOSS ON COLLECTIONS OF	78,949	78,949		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	55,411,601	49,552,799	4,912,633	946,169
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	18,181,777	1	9,023,030
	2 Savings and temporary cash investments	8,373,803	2	7,993,569
	3 Pledges and grants receivable, net	7,102,885	3	7,368,215
	4 Accounts receivable, net	12,323,592	4	11,465,391
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	22,630,411	7	23,943,404
	8 Inventories for sale or use	97,580	8	135,038
	9 Prepaid expenses and deferred charges	3,035,638	9	908,831
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,147,318		
	b Less: accumulated depreciation	10b 933,525	1,386,425	10c 5,213,793
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	7,621,469	13	10,959,769
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	8,390,694	15	8,077,267
16 Total assets: Add lines 1 through 15 (must equal line 33)	89,144,274	16	85,088,307	
Liabilities	17 Accounts payable and accrued expenses	7,597,598	17	8,800,873
	18 Grants payable		18	
	19 Deferred revenue	17,765,921	19	8,547,292
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	31,074,873	23	33,003,825
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,486,227	25	1,646,193
	26 Total liabilities. Add lines 17 through 25	57,924,619	26	51,998,183
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	30,394,655	27	32,265,124
	28 Net assets with donor restrictions	825,000	28	825,000
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	31,219,655	32	33,090,124
33 Total liabilities and net assets/fund balances	89,144,274	33	85,088,307	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	57,282,070
2	Total expenses (must equal Part IX, column (A), line 25)	2	55,411,601
3	Revenue less expenses. Subtract line 2 from line 1	3	1,870,469
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,219,655
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	33,090,124

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	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	
2c	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	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	Yes	
3b	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

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2024

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	31,236,187	73,921,091	75,375,210	35,292,563	38,630,628	254,455,679
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	31,236,187	73,921,091	75,375,210	35,292,563	38,630,628	254,455,679
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						254,455,679

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4.	31,236,187	73,921,091	75,375,210	35,292,563	38,630,628	254,455,679
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	888,514	819,544				1,708,058
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	1,635,468	2,822,296				4,457,764
11 Total support. Add lines 7 through 10						260,621,501

12 Gross receipts from related activities, etc. (see instructions) **12** 76,464,096

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	97.630 %
15 Public support percentage for 2023 Schedule A, Part II, line 14	15	96.590 %

- 16a 33 1/3% support test—2024.** 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—2023.** 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—2024.** 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—2023.** 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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 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; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024; Row 16: Public support percentage from 2023 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 2024; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17; Row 19a: 33 1/3% support tests-2024; Row 19b: 33 1/3% support tests-2023; Row 20: Private foundation.

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

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a** 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.**

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer 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? <i>If "Yes" or "No", provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

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

Section C - Distributable Amount

Current Year

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

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2024 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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 - 2020 AMOUNT: \$ 774,414. 2021 AMOUNT: \$ 1,160,476. GAIN/LOSS ON SALE OF INVENTORY - MISCELLANEOUS INCOME - 2020 AMOUNT: \$ 861,054. 2021 AMOUNT: \$ 659,374. GAIN ON COLLECTION OF NOTES AND ACCOUNTS RECEIVABLE - 2021 AMOUNT: \$ 1,002,446.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
 ▶ Go to 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 33¹/₃% 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<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:

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

(Rev. January 2025)
Department of the Treasury
Internal Revenue Service

▶ **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.**

Open to Public Inspection

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

Name of the organization
CHN HOUSING PARTNERS

Employer identification number

34-1346763

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	825,000	825,000	825,000	825,000	825,000
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	825,000	825,000	825,000	825,000	825,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100.000 %
 - 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 |
|--|-----|----|
| (i) Unrelated organizations | Yes | No |
| (ii) Related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		2,011,736	933,525	1,078,211
e Other		4,135,582		4,135,582
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				5,213,793

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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	10,959,769	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	10,959,769	

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	3,887,745
(2) LAND AND BUILDINGS HELD FOR SALE	4,189,522
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	8,077,267

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	1,646,193
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,646,193

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
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, 2024, CHN DOES NOT HAVE A LIABILITY FOR UNRECOGNIZED TAX BENEFITS.

Additional Data

[**Return to Form**](#)

Software ID:

Software Version:

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

Open to Public Inspection

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"/> Travel for companions
<input type="checkbox"/> Tax idemnification and gross-up payments
<input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Payments for business use of personal residence
<input type="checkbox"/> Health or social club dues or initiation fees
<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"/> Independent compensation consultant
<input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract
<input checked="" type="checkbox"/> Compensation survey or study
<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
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 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				
1 KEVIN J NOWAK PRESIDENT AND CEO	(i)	262,766	0	0	0	28,659	291,425	0
	(ii)	0	0	0	0	0	0	0
2 MARY SMIGELSKI CHIEF FINANCIAL OFFICER	(i)	215,898	0	0	0	21,035	236,933	0
	(ii)	0	0	0	0	0	0	0
3 JANET REED-JAMES CHIEF HUMAN RESOURCE OFFIC	(i)	208,962	0	0	0	25,466	234,428	0
	(ii)	0	0	0	0	0	0	0
4 JOHN MILLER CHIEF OPERATING OFFICER	(i)	187,447	0	0	0	25,507	212,954	0
	(ii)	0	0	0	0	0	0	0
5 ANDREW BAILEY VICE PRESIDENT/REAL ESTATE DEVELOPME	(i)	202,519	0	0	0	6,736	209,255	0
	(ii)	0	0	0	0	0	0	0
6 MARK WHIPKEY CHIEF OF ASSET MANAGEMENT	(i)	188,506	0	0	0	20,273	208,779	0
	(ii)	0	0	0	0	0	0	0
7 MARY CAVANAUGH CHIEF LEGAL AND COMPLIANCE OFFICER	(i)	168,935	0	0	0	16,956	185,891	0
	(ii)	0	0	0	0	0	0	0
8 ROCHELLE ENSLEY VICE PRESIDENT/PROPERTY MANAGEMENT	(i)	158,460	0	0	0	24,451	182,911	0
	(ii)	0	0	0	0	0	0	0
9 JASON HEADEN VICE PRESIDENT/DETROIT MAR	(i)	173,604	0	0	0	6,978	180,582	0
	(ii)	0	0	0	0	0	0	0
10 KATE CARDEN VICE PRESIDENT/PROGRAMS	(i)	163,487	0	0	0	12,299	175,786	0
	(ii)	0	0	0	0	0	0	0
11 ROBIN HOLMES VICE PRESIDENT/CONSTRUCTION	(i)	153,791	0	0	0	16,474	170,265	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

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Software ID:

Software Version:

SCHEDULE O
(Form 990)(Rev. January 2025)
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 for instructions and the latest information.

OMB No. 1545-0047

**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

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Software ID:

Software Version:

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization
CHN HOUSING PARTNERS

Employer identification number

34-1346763

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHN YEAR 16 INITIATIVES LLC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 46-4892887	REAL ESTATE	OH	0	0	CHN HOUSING PARTNERS
(2) CHN AFFORDABLE HOUSING SERVICES LLC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 82-2536287	REAL ESTATE	OH	-87,130	123,265	CHN HOUSING PARTNERS
(3) MAPLE PARK PLACE LLC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 90-0812656	REAL ESTATE	OH	-210	8,224	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
(1) NHI INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 34-1956653	SUPPORTING ORGANIZATION	OH	501(C)(3)	LINE 12B, II	N/A		No
(2) CHN HOUSING CAPITAL 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 82-4300537	MORTGAGE LENDING	OH	501(C)(3)	LINE 7	CHN HOUSING PARTNERS	Yes	
(3) NHS OF GREATER CLEVELAND 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 34-1166865	REAL ESTATE	OH	501(C)(3)	LINE 7	CHN HOUSING PARTNERS	Yes	
(4) NEW SUNRISE PROPERTIES INC 3711 CHESTER AVENUE SUITE 100 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	
(1) CHN PARTNERSHIP RESERVES LLC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 26-3299362	REAL ESTATE	OH	N/A	RELATED				No			No	55.000 %
(2) GRANADA SQUARE APARTMENTS LLC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 84-4313174	REAL ESTATE	OH	N/A	RELATED	-24	677		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
(1) CHEVYBROOK ESTATES INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 84-3520746	PROPERTY MGMT	OH	N/A	C	-22	951	100.000 %		No
(2) CHN PARTNER SERVICES INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 81-5329438	PROPERTY MGMT	OH	N/A	C	3,650	7,408	100.000 %		No
(3) CHN SLP LLC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 82-2124534	REAL ESTATE	OH	CHN HOUSING PARTNERS	C	-78	374	100.000 %		No
(4) CLEVELAND GREEN HOMES EAST INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 26-3068728	PROPERTY MGMT	OH	N/A	C	-33	1,050	100.000 %		No
(5) CLEVELAND GREEN HOMES II INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 27-0676197	PROPERTY MGMT	OH	N/A	C	-35	996	100.000 %		No
(6) CLEVELAND GREEN HOMES III INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 90-0854010	PROPERTY MGMT	OH	N/A	C	-28	854	100.000 %		No
(7) CLEVELAND GREEN HOMES INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 26-3397957	PROPERTY MGMT	OH	N/A	C	-12	505	100.000 %		No
(8) CLEVELAND NSP HOMES I INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 42-2156335	PROPERTY MGMT	OH	N/A	C	-28	848	100.000 %		No
(9) EAST SIDE NEIGHBORHOOD HOMES CORP 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 13-4217057	PROPERTY MGMT	OH	N/A	C	-9	365	25.000 %		No
(10) EMERALD ALLIANCE IX INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 47-4423667	PROPERTY MGMT	OH	N/A	C	-24	595	51.000 %		No
(11) EMERALD ALLIANCE V 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 27-0683854	PROPERTY MGMT	OH	N/A	C	-17	539	51.000 %		No
(12) EMERALD ALLIANCE VI INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 45-2063593	PROPERTY MGMT	OH	N/A	C	-16	13	51.000 %		No
(13) EMERALD ALLIANCE VII INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 27-3596084	PROPERTY MGMT	OH	N/A	C	-16	425	51.000 %		No
(14) EMERALD ALLIANCE VIII INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 46-3076935	PROPERTY MGMT	OH	N/A	C	-22	589	51.000 %		No
(15) ERIE SQUARE APARTMENTS II INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 14-1893981	PROPERTY MGMT	OH	N/A	C	-23	624	100.000 %		No
(16) ERIEVIEW VILLAGE HOMES II CORP 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 20-8647115	PROPERTY MGMT	OH	N/A	C			51.000 %		No
(17) HOUGH HERITAGE INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 47-4423876	PROPERTY MGMT	OH	N/A	C	-18	1,004	100.000 %		No
(18) HOUSECO XVI INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 34-1876274	PROPERTY MGMT	OH	N/A	C			100.000 %		No
(19) HOUSECO INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 34-1660978	PROPERTY MGMT	OH	N/A	C			100.000 %		No
(20) INTERNATIONAL VILLAGE INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 82-2262345	PROPERTY MGMT	OH	N/A	C	-21	542	100.000 %		No
(21) LA VILLA INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 83-0663889	PROPERTY MGMT	OH	N/A	C	-22	687	100.000 %		No
(22) LEGACY AT SAINT LUKE'S INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 83-0638740	PROPERTY MGMT	OH	N/A	C	-23	644	100.000 %		No
(23) MCGREGOR SR ASSISTED LIVING INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 82-0769864	PROPERTY MGMT	OH	N/A	C	-5	251,981	21.000 %		No
(24) MENWA APTS INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 46-4639489	PROPERTY MGMT	OH	N/A	C	-29	1,310	21.000 %		No
(25) PINZONE TOWERS INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 84-3640381	PROPERTY MGMT	OH	N/A	C	-58	1,733	51.000 %		No
(26) RAINBOW PLACE APARTMENTS INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 20-4216859	PROPERTY MGMT	OH	N/A	C			100.000 %		No
(27) SLAVIC VILLAGE GREEN HOMES I INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 81-3151868	PROPERTY MGMT	OH	N/A	C	-33	883	75.000 %		No
(28) SWDS HOMES INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 84-1865241	PROPERTY MGMT	OH	N/A	C	-22	751	100.000 %		No
(29) EMERALD ALLIANCE XI INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 82-2246020	PROPERTY MGMT	OH	N/A	C	-24	652	51.000 %		No
(30) CLEVELAND SCHOLAR HOUSE INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 87-0875157	PROPERTY MGMT	OH	N/A	C	-67	1,541	100.000 %		No
(31) ST JOHN'S VILLAGE WEST FAMILY GP CORP 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 27-3749776	PROPERTY MGMT	OH	N/A	C	-19	783	100.000 %		No
(32) DETROIT SHOREWAY HOMES INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 85-1291535	PROPERTY MGMT	OH	N/A	C	-26	886	100.000 %		No
(33) EMERALD ALLIANCE X INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 81-3166037	PROPERTY MGMT	OH	N/A	C	-17	542	51.000 %		No
(34) LARCHMERE HOMES INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 87-0854716	PROPERTY MGMT	OH	N/A	C	-35	960	100.000 %		No
(35) CUYAHOGA TAY INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 87-0956766	PROPERTY MGMT	OH	N/A	C	-131	1,743	100.000 %		No
(36) MCGREGOR INDEPENDENT LIVING INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 85-3879229	PROPERTY MGMT	OH	N/A	C	84	-138	51.000 %		No
(37) THE ARCH AT ST MICHAEL INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 85-1392517	PROPERTY MGMT	OH	N/A	C		19	100.000 %		No
(38) HOPE HOMES I INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 93-1530556	PROPERTY MGMT	OH	N/A	C			100.000 %		No
(39) MWSA GP INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 88-2468779	PROPERTY MGMT	OH	N/A	C	-14	355	21.000 %		No
(40) ORCHARD VILLAGE GP LLC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 87-3040378	PROPERTY MGMT	OH	N/A	C	-34	447	75.000 %		No
(41) SUNRISE HOMES INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 92-2886021	PROPERTY MGMT	OH	N/A	C	3	38	100.000 %		No
(42) SNL GP INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 93-1718912	PROPERTY MGMT	OH	N/A	C			100.000 %		No
(43) PARKSIDE HOMES EAST INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 99-0477317	PROPERTY MGMT	OH	N/A	C			100.000 %		No
(44) TEE APARTMENTS LLC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 93-3889211	PROPERTY MGMT	OH	N/A	C			70.000 %		No
(45) CHN TRIBE JEFFERSON LLC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 93-3902165	PROPERTY MGMT	OH	N/A	C			75.000 %		No
(46) ARCHDALE SENIOR LLC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 93-3917849	PROPERTY MGMT	OH	N/A	C			75.000 %		No
(47) CLEVELAND WEST VETERANS HOUSING INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 99-3338239	PROPERTY MGMT	OH	N/A	C			100.000 %		No
(48) HOUGH SENIOR INDEPENDENT LIVING INC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 99-3337958	PROPERTY MGMT	OH	N/A	C			100.000 %		No
(49) CHN TAY SLP LLC 3711 CHESTER AVENUE SUITE 100 CLEVELAND, OH 44114 92-3328901	PROPERTY MGMT	OH	N/A	C	-131	1,744	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
1a		No
1b		No
1c		No
1d	Yes	
1e		No
1f		No
1g		No
1h		No
1i	Yes	
1j	Yes	
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s		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
(1) CHN HOUSING CAPITAL	O		SEE SUPPLEMENTAL INFORMATION
(2) CHN HOUSING CAPITAL	I		SEE SUPPLEMENTAL INFORMATION
(3) CHN HOUSING CAPITAL	N		SEE SUPPLEMENTAL INFORMATION
(4) CHN HOUSING CAPITAL	P		SEE SUPPLEMENTAL INFORMATION
(5) CHN HOUSING CAPITAL	J		SEE SUPPLEMENTAL INFORMATION
(6) CHN HOUSING CAPITAL	D		SEE SUPPLEMENTAL INFORMATION
(7) CHN HOUSING CAPITAL	Q		SEE SUPPLEMENTAL INFORMATION
(8) NHS OF GREATER CLEVELAND	P		SEE SUPPLEMENTAL INFORMATION
(9) NHS OF GREATER CLEVELAND	J		SEE SUPPLEMENTAL INFORMATION
(10) NHS OF GREATER CLEVELAND	Q		SEE SUPPLEMENTAL INFORMATION
(11) NHS OF GREATER CLEVELAND	O		SEE SUPPLEMENTAL INFORMATION
(12) NHS OF GREATER CLEVELAND	N		SEE SUPPLEMENTAL INFORMATION
(13) NHS OF GREATER CLEVELAND	I		SEE SUPPLEMENTAL INFORMATION
(14) NEW SUNRISE PROPERTIES INC	Q		SEE SUPPLEMENTAL INFORMATION
(15) NEW SUNRISE PROPERTIES INC	O		SEE SUPPLEMENTAL INFORMATION
(16) NEW SUNRISE PROPERTIES INC	N		SEE SUPPLEMENTAL INFORMATION
(17) 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) (Rev. 1-2025)

Additional Data[Return to Form](#)

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