

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|---|-------------------|--|--|------------|---|-------------------------------|--|--|--|--|---|--|--|--|--|--|--|--|---|--|----------------------------------|--|--|--------------------------------------|
| A For the 2021 calendar year, or tax year beginning and ending | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization THE HOUSING PARTNERSHIP NETWORK, INC.</td> <td rowspan="2">D Employer identification number 04-3172401</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td rowspan="2">E Telephone number 617-720-1999</td> </tr> <tr> <td>1 WASHINGTON MALL, 12TH FLOOR</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02108</td> <td rowspan="2">G Gross receipts \$ 16,875,187.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: THOMAS BLEDSOE SAME AS C ABOVE</td> </tr> <tr> <td colspan="3">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> </tr> <tr> <td colspan="3">J Website: HOUSINGPARTNERSHIP.NET</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td>L Year of formation: 1992</td> </tr> <tr> <td colspan="2"></td> <td>M State of legal domicile: MA</td> </tr> </table> | C Name of organization THE HOUSING PARTNERSHIP NETWORK, INC. | | D Employer identification number 04-3172401 | Doing business as | | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number 617-720-1999 | 1 WASHINGTON MALL, 12TH FLOOR | | City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02108 | | G Gross receipts \$ 16,875,187. | F Name and address of principal officer: THOMAS BLEDSOE SAME AS C ABOVE | | I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | J Website: HOUSINGPARTNERSHIP.NET | | | K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 1992 | | | M State of legal domicile: MA |
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| J Website: HOUSINGPARTNERSHIP.NET | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 1992 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | M State of legal domicile: MA | | | | | | | | | | | | | | | | | | | | | | | | | | |

Part I Summary

| | | | |
|------------|---|----------------------------------|---------------------|
| 1 | Briefly describe the organization's mission or most significant activities: THROUGH PRACTITIONER-DRIVEN PEER EXCHANGE, POLICY AND INNOVATION, THE HOUSING PARTNERSHIP NETWORK'S | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 19 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 18 |
| 5 | Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 76 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 18 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| 7b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. |
| 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| 9 | Program service revenue (Part VIII, line 2g) | 8,445,808. | 11,667,491. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 4,653,454. | 4,917,588. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 67,686. | 18,240. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 50,960. | 271,868. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 13,217,908. | 16,875,187. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 1,726,233. | 2,588,257. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 8,221,290. | 8,293,077. |
| 16b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 377,560. | 0. | 0. |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 3,542,830. | 3,953,449. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 13,490,353. | 14,834,783. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | -272,445. | 2,040,404. |
| 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| 21 | Total liabilities (Part X, line 26) | 35,234,528. | 38,640,476. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 21,037,552. | 22,403,096. |
| | | 14,196,976. | 16,237,380. |

Part II Signature Block

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

| | | | | | |
|-------------------------------|---|--|-------------------------|---|-------------------|
| Sign Here | Signature of officer THOMAS BLEDSOE, PRESIDENT Type or print name and title | Date | | | |
| Paid Preparer Use Only | Print/Type preparer's name ANDREW R. PURICELLI, CPA | Preparer's signature ANDREW R. PURICELLI, CPA | Date 06/14/22 | Check if self-employed <input type="checkbox"/> | PTIN P01633436 |
| | Firm's name ▶ AAFCPAS, INC. | Firm's address ▶ 50 WASHINGTON STREET WESTBOROUGH, MA 01581 | Firm's EIN ▶ 04-2571780 | Phone no. 508-366-9100 | |

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 [X]

1 Briefly describe the organization's mission: THROUGH PRACTITIONER-DRIVEN PEER EXCHANGE, POLICY AND INNOVATION, THE HOUSING PARTNERSHIP NETWORK'S MISSION IS TO LEVERAGE THE INDIVIDUAL STRENGTHS AND MOBILIZE THE COLLECTIVE POWER OF OUR MEMBER ORGANIZATIONS.

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

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

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

4a (Code:) (Expenses \$ 11,525,630. including grants of \$ 2,588,257.) (Revenue \$ 5,189,456.) TO SUPPORT AND ADVOCATE COMMUNITY BASED EFFORTS FOR THE EXPANSION OF AFFORDABLE HOUSING OPPORTUNITIES AND THE REVITALIZATION OF COMMUNITIES.

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

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

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

4e Total program service expenses 11,525,630.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | X | |
| 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? | X | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 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 | X | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | a The organization's CEO, Executive Director, or top management official | X | |
| 15b | b Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | X | |
| 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? | X | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MA, MN, DC, NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **ERIC CHATMAN - 617-720-1999**
1 WASHINGTON MALL, 12TH FLOOR, BOSTON, MA 02108

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) THOMAS BLEDSOE PRESIDENT AND CEO | 40.00 2.00 | X | | X | | | | 550,735. | 0. | 50,726. |
| (2) LISA ALBERGHINI CLERK & EVP, PEER EXCHANGE | 40.00 | | | | X | | | 333,470. | 0. | 42,304. |
| (3) CHARLES WEHRWEIN CHIEF OPERATING OFFICER | 40.00 | | | | X | | | 320,349. | 0. | 44,880. |
| (4) ERIC CHATMAN CHIEF FINANCIAL OFFICER | 40.00 2.00 | | | X | | | | 305,376. | 0. | 50,480. |
| (5) KIM DEMPSEY EVP, CAPITAL MARKETS | 40.00 | | | | X | | | 307,764. | 0. | 42,953. |
| (6) PAUL DOWNING VP OF OPS & INFO SYSTEMS | 40.00 | | | | | X | | 201,249. | 0. | 48,953. |
| (7) CATHERINE RODRIGUEZ VP OF LENDING & INVESTMENT | 40.00 2.00 | | | | | X | | 202,537. | 0. | 43,138. |
| (8) PIERRE DUGUE VP, CONTROLLER | 40.00 | | | | | X | | 183,724. | 0. | 38,576. |
| (9) MICHAEL MCCABE VP OF CAPITAL MARKETS | 40.00 | | | | | X | | 195,325. | 0. | 23,390. |
| (10) SHANNON ROSS VP OF POLICY | 40.00 | | | | | X | | 180,748. | 0. | 22,582. |
| (11) ROBIN HUGHES CHAIRWOMAN | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (12) JOHN O'CALLAGHAN VICE CHAIRMAN | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (13) ELLIS CARR TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (14) ALAN ARTHUR DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) CHRIS PERSONS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) DAVID ADAME DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) DEIRDRE SCHMIDT DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) KATHY LABORDE DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) LAWRENCE SWANSON DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) MATT FRANKLIN DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) PATRICIA BELDEN DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) LINDA MANDOLINI DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) NANCY WAGNER-HISLIP DIRECTOR | 1.00 2.00 | X | | | | | | 0. | 0. | 0. |
| (24) KEVIN NOWAK DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) ISMAEL GUERRERO DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) GRETA HARRIS DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 2,781,277. | 0. | 407,982. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,781,277. | 0. | 407,982. |

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 28

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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 0

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Priya Jayachandran, Nick Mitchell-Bennett, Cynthia A. Parker, and Alfredo de la Pena.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

| | | | | (A) | (B) | (C) | (D) | |
|---|---|----------------------|----------------|---------------|------------------------------------|----------------------------|--|--|
| | | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | | |
| | b Membership dues | 1b | 864,125. | | | | | |
| | c Fundraising events | 1c | | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) | 1e | 4,132,304. | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 6,671,062. | | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ | | | | | |
| | h Total. Add lines 1a-1f | | | 11,667,491. | | | | |
| Program Service Revenue | 2 a MANAGEMENT FEES | Business Code | | | | | | |
| | | 531390 | | 2,674,147. | 2,674,147. | | | |
| | b PROGRAM SERVICE FEES | 531390 | | 1,831,362. | 1,831,362. | | | |
| | c INTEREST ON LOANS | 531390 | | 393,556. | 393,556. | | | |
| | d LOAN LOSS RECOVERY | 531390 | | 13,523. | 13,523. | | | |
| | e LOAN FEES | 531390 | | 5,000. | 5,000. | | | |
| | f All other program service revenue | 531390 | | | | | | |
| g Total. Add lines 2a-2f | | | 4,917,588. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 18,240. | | | 18,240. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| | 5 Royalties | | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | (ii) Personal | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b Less: rental expenses | 6b | | | | | | |
| | c Rental income or (loss) | 6c | | | | | | |
| | d Net rental income or (loss) | | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | (ii) Other | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | | | | | |
| | c Gain or (loss) | 7c | | | | | | |
| d Net gain or (loss) | | | | | | | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b Less: direct expenses | 8b | | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b Less: direct expenses | 9b | | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | | |
| Miscellaneous Revenue | 11 a MISCELLANEOUS REVENUE | Business Code | | | | | | |
| | | 531390 | | 271,868. | 271,868. | | | |
| | b | | | | | | | |
| | c | | | | | | | |
| | d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | 271,868. | | | | |
| 12 Total revenue. See instructions | | | | 16,875,187. | 5,189,456. | 0. | 18,240. | |

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 ... | 2,588,257. | 2,588,257. | | |
| 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 | 2,049,037. | 1,215,338. | 624,813. | 208,886. |
| 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 | 4,856,101. | 3,523,357. | 1,282,535. | 50,209. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 426,229. | 303,965. | 114,785. | 7,479. |
| 9 Other employee benefits | 541,973. | 386,847. | 142,869. | 12,257. |
| 10 Payroll taxes | 419,737. | 289,496. | 115,381. | 14,860. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 90,318. | 25,728. | 64,590. | |
| c Accounting | 45,294. | | 45,294. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 702,620. | 412,614. | 244,381. | 45,625. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 115,153. | 78,656. | 32,333. | 4,164. |
| 14 Information technology | 521,050. | 521,050. | | |
| 15 Royalties | | | | |
| 16 Occupancy | 336,690. | 232,217. | 92,553. | 11,920. |
| 17 Travel | 68,263. | 47,081. | 18,765. | 2,417. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 52,148. | 35,967. | 14,335. | 1,846. |
| 20 Interest | 642,785. | 642,785. | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 185,507. | 127,945. | 50,994. | 6,568. |
| 23 Insurance | 72,410. | 49,885. | 19,955. | 2,570. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a SHARE OF LOSS-AFFILIATE | 873,800. | 873,800. | | |
| b MISCELLANEOUS EXPENSES | 119,078. | 82,129. | 32,733. | 4,216. |
| c STAFF DEVELOPMENT | 54,385. | 37,510. | 14,950. | 1,925. |
| d DUES AND PUBLICATIONS | 53,000. | 36,555. | 14,569. | 1,876. |
| e All other expenses | 20,948. | 14,448. | 5,758. | 742. |
| 25 Total functional expenses. Add lines 1 through 24e | 14,834,783. | 11,525,630. | 2,931,593. | 377,560. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

| | | (A) | | (B) |
|---|--|---------------------|-------------|--------------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 5,097,395. | 1 | 13,081,342. |
| | 2 Savings and temporary cash investments | 4,005,672. | 2 | 4,022,803. |
| | 3 Pledges and grants receivable, net | 832,442. | 3 | 250,000. |
| | 4 Accounts receivable, net | 4,689,388. | 4 | 1,128,916. |
| | 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 | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 226,991. | 9 | 179,276. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 703,941. | | |
| | b Less: accumulated depreciation | 10b 645,228. | 72,357. | 10c 58,713. |
| | 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 | 18,311,209. | 13 | 16,968,268. |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 1,999,074. | 15 | 2,951,158. |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 35,234,528. | 16 | 38,640,476. | |
| Liabilities | 17 Accounts payable and accrued expenses | 2,122,626. | 17 | 2,005,427. |
| | 18 Grants payable | 85,444. | 18 | |
| | 19 Deferred revenue | 7,930. | 19 | 148,670. |
| | 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 | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 17,772,727. | 24 | 18,772,727. |
| | 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 | 1,048,825. | 25 | 1,476,272. |
| | 26 Total liabilities. Add lines 17 through 25 | 21,037,552. | 26 | 22,403,096. |
| 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 | 11,165,290. | 27 | 9,966,234. |
| | 28 Net assets with donor restrictions | 3,031,686. | 28 | 6,271,146. |
| | 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 | 14,196,976. | 32 | 16,237,380. |
| 33 Total liabilities and net assets/fund balances | 35,234,528. | 33 | 38,640,476. | |

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 | 16,875,187. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 14,834,783. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,040,404. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 14,196,976. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 16,237,380. |

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 | | X |
| b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | X | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____ | X | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | X | |

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

| | |
|--|---|
| Name of the organization <p style="text-align:center;">THE HOUSING PARTNERSHIP NETWORK, INC.</p> | Employer identification number <p style="text-align:center;">04-3172401</p> |
|--|---|

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|------------|------------|------------|------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 6,825,749. | 5,439,503. | 6,081,914. | 8,445,808. | 11,667,491. | 38,460,465. |
| 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 | 6,825,749. | 5,439,503. | 6,081,914. | 8,445,808. | 11,667,491. | 38,460,465. |
| 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) | | | | | | 15,504,366. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 22,956,099. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|------------|------------|------------|------------|-------------|--------------------------|
| 7 Amounts from line 4 | 6,825,749. | 5,439,503. | 6,081,914. | 8,445,808. | 11,667,491. | 38,460,465. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | 13,273. | 32,330. | 81,963. | 67,686. | 18,240. | 213,492. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 38,673,957. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 38,582,323. |
| 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))..... | 14 | 59.36 % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 57.37 % |
| 16a 33 1/3% support test - 2021. 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 | <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2020. 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 | <input type="checkbox"/> | |
| 17a 10% -facts-and-circumstances test - 2021. 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 | <input type="checkbox"/> | |
| b 10% -facts-and-circumstances test - 2020. 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 | <input type="checkbox"/> | |
| 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 | <input type="checkbox"/> | |

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) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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. Add lines 1 through 5; 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. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 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? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

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 line 11a above? | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI . | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental 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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | | |
| b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | | |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI . | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 2a | | | |
| 2b | | | |
| 3a | | | |
| 3b | | | |

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

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

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

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

| Section C - Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|----------------------------------|--|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 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 2021 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-2021 | (iii) Distributable Amount for 2021 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

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.)

COPY

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|--|---|
| Name of organization <p style="text-align: center;">THE HOUSING PARTNERSHIP NETWORK, INC.</p> | Employer identification number <p style="text-align: center;">04-3172401</p> |
|--|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
|--|--|----------------------------------|-----------------------------|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | |
| d Other exempt purpose expenditures | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | |
| Over \$17,000,000 | \$1,000,000. | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|---|-----|----|---------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | X | | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 35,726. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 35,726. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | | |
|---|----|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures. See instructions | 5 | |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE HOUSING PARTNERSHIP NETWORK, INC. HAS A STAFF MEMBER THAT LOBBIES

IN SUPPORT OF OUR EFFORTS TO CREATE A MORE ENTREPRENEURIAL AND

SUSTAINABLE AFFORDABLE HOUSING SECTOR THAT MORE EFFECTIVELY AND

EFFICIENTLY USES SCARCE PUBLIC DOLLARS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization THE HOUSING PARTNERSHIP NETWORK, INC. Employer identification number 04-3172401

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, table for held at end of tax year (2a-2d), number of easements modified, states where located, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i) and (ii).

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include 1a) text of footnote for art collection, 1b) amounts for art collection, and 2) amounts for art collection for financial gain.

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 225,651. | 166,938. | 58,713. |
| d Equipment | | 478,290. | 478,290. | 0. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 58,713. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, 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) INVESTMENT IN AFFILIATE | 7,207,077. | COST |
| (2) LOANS RECEIVABLE | 9,761,191. | COST |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | 16,968,268. | |

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) CAPITALIZED COSTS | 387,798. |
| (2) DUE FROM AFFILIATES | 2,563,360. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 2,951,158. |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) CONDITIONAL ADVANCES | 1,476,272. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 1,476,272. |

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

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final total column.

Part XIII Supplemental Information.

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

PART X, LINE 2:

HPN ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC,

INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN

TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT

ATTRIBUTE FOR THE COMBINED FINANCIAL STATEMENTS REGARDING A TAX POSITION

TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. HPN HAS DETERMINED THAT

THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION

OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS AT DECEMBER 31, 2021.

HPN'S INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND

STATE JURISDICTIONS.

Part XIII Supplemental Information *(continued)*

COPY

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **THE HOUSING PARTNERSHIP NETWORK, INC.** Employer identification number **04-3172401**

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|---|--|--|---|
| CHN HOUSING PARTNERS 2999 PAYNE AVENUE SUITE 306 CLEVELAND, OH 44114 | 34-1346763 | 501(C)3 | 45,685. | 0. | | | HOUSING COUNSELING PROGRAM & ADMINISTRATION |
| COME DREAM. COME BUILD. (CDCB) 901 EAST LEVEE STREET BROWNSVILLE, TX 78520 | 74-1835777 | 501(C)3 | 55,880. | 0. | | | HOUSING COUNSELING PROGRAM & ADMINISTRATION |
| COMMUNITY HOUSING PARTNERS CORPORATION - 448 DEPOT ST NE - CHRISTIANSBURG, VA 24073 | 54-1023025 | 501(C)3 | 30,555. | 0. | | | HOUSING COUNSELING PROGRAM & ADMINISTRATION |
| HOMEPORT 3443 AGLER RD COLUMBUS, OH 43219 | 31-1208260 | 501(C)3 | 50,587. | 0. | | | HOUSING COUNSELING PROGRAM & ADMINISTRATION |
| HOUSING CHANNEL 4200 S.FREEWAY SUITE 307 FORT WORTH, TX 76107 | 75-2399903 | 501(C)3 | 43,634. | 0. | | | HOUSING COUNSELING PROGRAM & ADMINISTRATION |
| INDIANAPOLIS NEIGHBORHOOD HOUSING PARTNERSHIP INC. - 3550 NORTH WASHINGTON BLVD. - INDIANAPOLIS, IN 46205 | 35-1742559 | 501(C)3 | 80,683. | 0. | | | HOUSING COUNSELING PROGRAM & ADMINISTRATION |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **32.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| LONG ISLAND HOUSING PARTNERSHIP INC. - 180 OSER AVENUE SUITE 800 - HAUPPAUGE, NY 11788 | 11-2889068 | 501(C)3 | 50,067. | 0. | | | HOUSING COUNSELING PROGRAM & ADMINISTRATION |
| METRO COMMUNITY DEVELOPMENT INC. 503 SOUTH SAGINAW STREET, SUITE 80 FLINT, MI 48502 | 38-3072010 | 501(C)3 | 34,267. | 0. | | | HOUSING COUNSELING PROGRAM & ADMINISTRATION |
| NEIGHBORHOOD HOUSING SERVICES OF CHICAGO INC. - 1279 N. MILWAUKEE, 4TH FLOOR - CHICAGO, IL 60622 | 23-7443009 | 501(C)3 | 56,012. | 0. | | | HOUSING COUNSELING PROGRAM & ADMINISTRATION |
| NEIGHBORHOOD HOUSING SERVICES OF NEW YORK CITY INC. - 307 WEST 36TH STREET FL 12 - NEW YORK, NY 10018 | 13-3098397 | 501(C)3 | 44,852. | 0. | | | HOUSING COUNSELING PROGRAM & ADMINISTRATION |
| SOUTHWEST MINNESOTA HOUSING PARTNERSHIP - 2401 BROADWAY AVENUE, SUITE 4 - SLAYTON, MN 56172 | 41-1721815 | 501(C)3 | 27,426. | 0. | | | HOUSING COUNSELING PROGRAM & ADMINISTRATION |
| THE ST. AMBROSE HOUSING AID CENTER, INC. - 321 E. 25TH STREET - BALTIMORE, MD 21218 | 52-1729460 | 501(C)3 | 50,912. | 0. | | | HOUSING COUNSELING PROGRAM & ADMINISTRATION |
| WAY FINDERS 120 MAPLE STREET, 4TH FLOOR SPRINGFIELD, MA 01103 | 04-2518368 | 501(C)3 | 62,726. | 0. | | | HOUSING COUNSELING PROGRAM & ADMINISTRATION |
| ACTION HOUSING INC 611 WILLIAM PENN PLACE SUITE 800 PITTSBURGH, PA 15219 | 25-1744328 | 501(C)3 | 45,116. | 0. | | | HOUSING STABILIZATION (FORECLOSURE & EVICTION) |
| CDCB COME DREAM. COME BUILD. 901 EAST LEVEE STREET BROWNSVILLE, TX 78520 | 74-1835777 | 501(C)3 | 7,519. | 0. | | | HOUSING STABILIZATION (FORECLOSURE & EVICTION) |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| CHAMPLAIN HOUSING TRUST (CHT) 88 KING ST BURLINGTON, VT 05401 | 22-2536446 | 501(C)3 | 13,159. | 0. | | | HOUSING STABILIZATION (FORECLOSURE & EVICTION) |
| CHN HOUSING PARTNERS 2999 PAYNE AVENUE SUITE 306 CLEVELAND, OH 44114 | 34-1346763 | 501(C)3 | 96,624. | 0. | | | HOUSING STABILIZATION (FORECLOSURE & EVICTION) |
| COMMUNITY DEVELOPMENT CORPORATION OF UTAH - 501 E 1700 S - SALT LAKE CITY, UT 84105 | 87-0476889 | 501(C)3 | 56,395. | 0. | | | HOUSING STABILIZATION (FORECLOSURE & EVICTION) |
| HOMEPORT 3443 AGLER RD COLUMBUS, OH 43219 | 31-1208260 | 501(C)3 | 56,395. | 0. | | | HOUSING STABILIZATION (FORECLOSURE & EVICTION) |
| LONG ISLAND HOUSING PARTNERSHIP 180 OSER AVENUE SUITE 800 HAUPPAUGE, NY 11788 | 11-2889068 | 501(C)3 | 84,593. | 0. | | | HOUSING STABILIZATION (FORECLOSURE & EVICTION) |
| NEIGHBORHOOD HOUSING SERVICES OF CHICAGO, INC. - 1279 N. MILWAUKEE, 4TH FLOOR - CHICAGO, IL 60622 | 23-7443009 | 501(C)3 | 178,585. | 0. | | | HOUSING STABILIZATION (FORECLOSURE & EVICTION) |
| SOUTHWEST MINNESOTA HOUSING PARTNERSHIP - 2401 BROADWAY AVENUE, SUITE 4 - SLAYTON, MN 56172 | 41-1721815 | 501(C)3 | 32,897. | 0. | | | HOUSING STABILIZATION (FORECLOSURE & EVICTION) |
| WAY FINDERS 120 MAPLE STREET, 4TH FLOOR SPRINGFIELD, MA 01103 | 04-2518368 | 501(C)3 | 56,395. | 0. | | | HOUSING STABILIZATION (FORECLOSURE & EVICTION) |
| EDEN HOUSING INC. 22645 GRAND STREET HAYWARD, CA 94541 | 23-1716750 | 501(C)3 | 76,650. | 0. | | | RESIDENT SERVICES SUPPORT, COUNSELING OUTREACH & INCENTIVES |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| MIDPEN HOUSING 303 VINTAGE PARK DRIVE SUITE 250 FOSTER CITY, CA 94404 | 23-7089977 | 501(C)3 | 76,500. | 0. | | | RESIDENT SERVICES SUPPORT, COUNSELING OUTREACH & INCENTIVES |
| AEON 901 NORTH 3RD STREET, SUITE 150 MINNEAPOLIS, MN 55401 | 41-1558711 | 501(C)3 | 30,600. | 0. | | | RESIDENT SERVICES SUPPORT, COUNSELING OUTREACH & INCENTIVES |
| COMMONBOND 1080 MONTREAL AVENUE ST. PAUL, MN 55116 | 41-1260469 | 501(C)3 | 30,600. | 0. | | | RESIDENT SERVICES SUPPORT, COUNSELING OUTREACH & INCENTIVES |
| DREAMKEY PARTNERS 4601 CHARLOTTE PARK DR STE 350 CHARLOTTE, NC 28217 | 56-1620516 | 501(C)3 | 61,200. | 0. | | | RESIDENT SERVICES SUPPORT, COUNSELING OUTREACH & INCENTIVES |
| EAH HOUSING 22 PELICAN WAY SAN RAFAEL, CA 94901 | 94-1699153 | 501(C)3 | 76,500. | 0. | | | RESIDENT SERVICES SUPPORT, COUNSELING OUTREACH & INCENTIVES |
| NATIONAL HOUSING TRUST 1101 30TH ST. NWSUITE 100A WASHINGTON, DC 20007 | 52-1477599 | 501(C)3 | 45,900. | 0. | | | RESIDENT SERVICES SUPPORT, COUNSELING OUTREACH & INCENTIVES |
| PHIPPS NEIGHBORHOOD HOUSING 902 BROADWAY, 13TH FLOOR NEW YORK, NY 10010 | 13-2707665 | 501(C)3 | 30,600. | 0. | | | RESIDENT SERVICES SUPPORT, COUNSELING OUTREACH & INCENTIVES |
| SAHA (SATELLITE AFFORDABLE HOUSING ASSOCIATES) - 1835 ALCATRAZ AVENUE - BERKELEY, CA 94703 | 94-3186770 | 501(C)3 | 30,600. | 0. | | | RESIDENT SERVICES SUPPORT, COUNSELING OUTREACH & INCENTIVES |
| THE COMMUNITY BUILDERS 185 DARTMOUTH STREET BOSTON, MA 02116 | 04-2324773 | 501(C)3 | 61,200. | 0. | | | RESIDENT SERVICES SUPPORT, COUNSELING OUTREACH & INCENTIVES |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| ACTION HOUSING INC 611 WILLIAM PENN PLACE SUITE 800 PITTSBURGH, PA 15219 | 25-1744328 | 501(C)3 | 6,500. | 0. | | | HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER |
| AVESTA 307 CUMBERLAND AVE PORTLAND, ME 04101 | 01-0315296 | 501(C)3 | 17,288. | 0. | | | HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER |
| CDCB COME DREAM. COME BUILD. 901 EAST LEVEE STREET BROWNSVILLE, TX 78520 | 74-1835777 | 501(C)3 | 73,000. | 0. | | | HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER |
| COMMUNITY DEVELOPMENT CORPORATION OF UTAH - 501 E 1700 S - SALT LAKE CITY, UT 84105 | 87-0476889 | 501(C)3 | 7,900. | 0. | | | HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER |
| CHN HOUSING PARTNERS 2999 PAYNE AVENUE SUITE 306 CLEVELAND, OH 44114 | 34-1346763 | 501(C)3 | 15,400. | 0. | | | HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER |
| CHAMPLAIN HOUSING TRUST 88 KING ST BURLINGTON, VT 05401 | 22-2536446 | 501(C)3 | 22,911. | 0. | | | HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER |
| DREAMKEY (FORMERLY CHARLOTTE MACKLENBURG HOUSING PARTNERSHIP) - 4601 CHARLOTTE PARK DR STE 350 - CHARLOTTE, NC 28217 | 56-1620516 | 501(C)3 | 19,903. | 0. | | | HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER |
| HOMEPORT 3443 AGLER RD COLUMBUS, OH 43219 | 31-1208260 | 501(C)3 | 14,000. | 0. | | | HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER |
| HOUSING CHANNEL 4200 S.FREEWAY SUITE 307 FORT WORTH, TX 76107 | 75-2399903 | 501(C)3 | 14,900. | 0. | | | HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER |

Schedule I (Form 990)

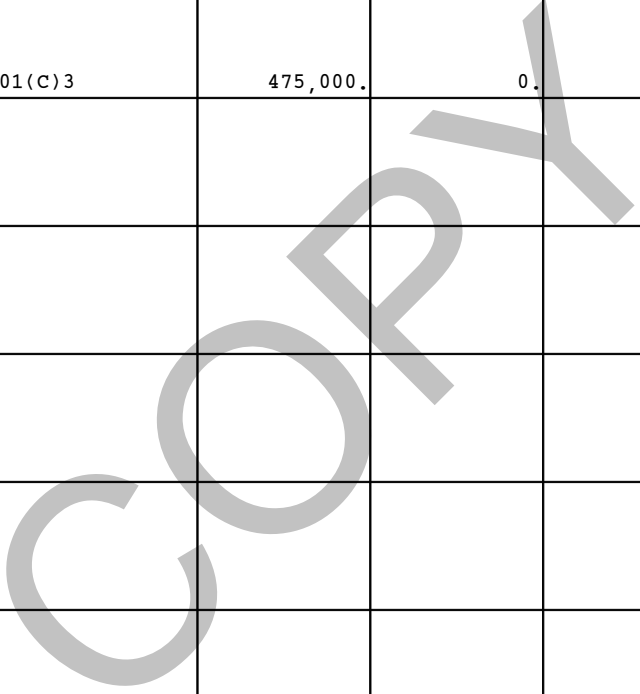
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| INDIANAPOLIS NEIGHBORHOOD HOUSING PARTNERSHIP INC. - 3550 NORTH WASHINGTON BLVD. - INDIANAPOLIS, IN 46205 | 35-1742559 | 501(C)3 | 17,356. | 0. | | | HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER |
| LONG ISLAND HOUSING PARTNERSHIP INC. - 180 OSER AVENUE SUITE 800 - HAUPPAUGE, NY 11788 | 11-2889068 | 501(C)3 | 13,700. | 0. | | | HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER |
| MINNESOTA HOMEOWNERSHIP CENTER 1000 PAYNE AVE, STE 200 ST. PAUL, MN 56172 | 41-1741817 | 501(C)3 | 120,000. | 0. | | | HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER |
| MOVIN OUT 902 ROYSTER OAKS DR, STE 105 MADISON, WI 53714 | 39-1833482 | 501(C)3 | 6,500. | 0. | | | HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER |
| NEIGHBORHOOD HOUSING SERVICES OF CHICAGO INC. - 1279 N. MILWAUKEE, 4TH FLOOR - CHICAGO, IL 60622 | 23-7443009 | 501(C)3 | 78,200. | 0. | | | HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER |
| NEIGHBORHOOD HOUSING SERVICES OF NEW YORK CITY INC. - 307 WEST 36TH STREET FL 12 - NEW YORK, NY 10018 | 13-3098397 | 501(C)3 | 9,600. | 0. | | | HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER |
| PENQUIS 262 HARLOW ST BANGOR, ME 04401 | 01-6023748 | 501(C)3 | 6,900. | 0. | | | HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER |
| SOUTHWEST MINNESOTA HOUSING PARTNERSHIP - 2401 BROADWAY AVENUE, SUITE 4 - SLAYTON, MN 56172 | 41-1721815 | 501(C)3 | 13,362. | 0. | | | HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER |
| THE ST. AMBROSE HOUSING AID CENTER, INC. - 321 E. 25TH STREET - BALTIMORE, MD 21218 | 52-1729460 | 501(C)3 | 17,500. | 0. | | | HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| WAY FINDERS 120 MAPLE STREET, 4TH FLOOR SPRINGFIELD, MA 01103 | 04-2518368 | 501(C)3 | 11,746. | 0. | | | HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER |
| HOUSING PARTNERSHIP FUND 1 WASHINGTON MALL, 12TH FLOOR BOSTON, MA 02108 | 04-3484336 | 501(C)3 | 475,000. | 0. | | | LENDING CAPITAL |
| | | | | | | | |
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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

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

PART I, LINE 2:

HPN ONLY MAKES GRANTS TO QUALIFIED ORGANIZATIONS THAT MEET THE CRITERIA OF
SPECIAL CONTRACT AND GRANT PASS-THROUGHS OF HPN. THE ACCOUNTING DEPARTMENT
AND PROGRAM MANAGERS MONITOR ALL GRANT ACTIVITY.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ACTION HOUSING INC

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING STABILIZATION (RENTER

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

Part IV Supplemental Information

PREVENTION)

NAME OF ORGANIZATION OR GOVERNMENT: AVESTA

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING STABILIZATION (RENTER

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

PREVENTION)

NAME OF ORGANIZATION OR GOVERNMENT: CDCB | COME DREAM. COME BUILD.

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING STABILIZATION (RENTER

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

PREVENTION)

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY DEVELOPMENT CORPORATION OF UTAH

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING STABILIZATION (RENTER

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

PREVENTION)

NAME OF ORGANIZATION OR GOVERNMENT: CHN HOUSING PARTNERS

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING STABILIZATION (RENTER

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

PREVENTION)

NAME OF ORGANIZATION OR GOVERNMENT: CHAMPLAIN HOUSING TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING STABILIZATION (RENTER

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

PREVENTION)

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

DREAMKEY (FORMERLY CHARLOTTE MACKLENBURG HOUSING PARTNERSHIP)

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING STABILIZATION (RENTER

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

PREVENTION)

NAME OF ORGANIZATION OR GOVERNMENT: HOMEPORT

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING STABILIZATION (RENTER

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

PREVENTION)

NAME OF ORGANIZATION OR GOVERNMENT: HOUSING CHANNEL

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING STABILIZATION (RENTER

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

PREVENTION)

NAME OF ORGANIZATION OR GOVERNMENT:

INDIANAPOLIS NEIGHBORHOOD HOUSING PARTNERSHIP INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING STABILIZATION (RENTER

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

PREVENTION)

NAME OF ORGANIZATION OR GOVERNMENT: LONG ISLAND HOUSING PARTNERSHIP INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING STABILIZATION (RENTER

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

PREVENTION)

NAME OF ORGANIZATION OR GOVERNMENT: MINNESOTA HOMEOWNERSHIP CENTER

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING STABILIZATION (RENTER

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

PREVENTION)

NAME OF ORGANIZATION OR GOVERNMENT: MOVIN OUT

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING STABILIZATION (RENTER

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

PREVENTION)

NAME OF ORGANIZATION OR GOVERNMENT:

NEIGHBORHOOD HOUSING SERVICES OF CHICAGO INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING STABILIZATION (RENTER

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

PREVENTION)

NAME OF ORGANIZATION OR GOVERNMENT:

NEIGHBORHOOD HOUSING SERVICES OF NEW YORK CITY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING STABILIZATION (RENTER

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

PREVENTION)

NAME OF ORGANIZATION OR GOVERNMENT: PENQUIS

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING STABILIZATION (RENTER

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

PREVENTION)

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTHWEST MINNESOTA HOUSING PARTNERSHIP

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING STABILIZATION (RENTER

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

PREVENTION)

NAME OF ORGANIZATION OR GOVERNMENT:

THE ST. AMBROSE HOUSING AID CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING STABILIZATION (RENTER

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

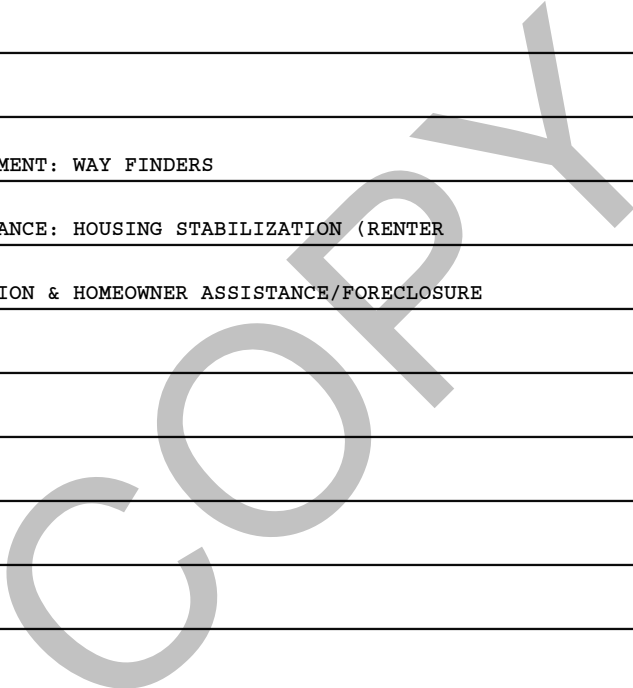
PREVENTION)

NAME OF ORGANIZATION OR GOVERNMENT: WAY FINDERS

(H) PURPOSE OF GRANT OR ASSISTANCE: HOUSING STABILIZATION (RENTER

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

PREVENTION)



**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

THE HOUSING PARTNERSHIP NETWORK, INC.

Employer identification number

04-3172401

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

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 on 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 | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2021

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) THOMAS BLEDSOE PRESIDENT AND CEO | (i) | 428,745. | 121,990. | 0. | 23,200. | 27,526. | 601,461. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) LISA ALBERGHINI CLERK & EVP, PEER EXCHANGE | (i) | 273,931. | 59,539. | 0. | 22,511. | 19,793. | 375,774. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) CHARLES WEHRWEIN CHIEF OPERATING OFFICER | (i) | 273,880. | 46,469. | 0. | 22,484. | 22,396. | 365,229. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) ERIC CHATMAN CHIEF FINANCIAL OFFICER | (i) | 258,773. | 46,603. | 0. | 23,200. | 27,280. | 355,856. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) KIM DEMPSEY EVP, CAPITAL MARKETS | (i) | 250,264. | 57,500. | 0. | 23,200. | 19,753. | 350,717. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) PAUL DOWNING VP OF OPS & INFO SYSTEMS | (i) | 183,984. | 17,265. | 0. | 16,059. | 32,894. | 250,202. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) CATHERINE RODRIGUEZ VP OF LENDING & INVESTMENT | (i) | 180,855. | 21,682. | 0. | 16,161. | 26,977. | 245,675. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) PIERRE DUGUE VP, CONTROLLER | (i) | 167,914. | 15,810. | 0. | 15,626. | 22,950. | 222,300. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) MICHAEL MCCABE VP OF CAPITAL MARKETS | (i) | 177,825. | 17,500. | 0. | 14,657. | 8,733. | 218,715. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) SHANNON ROSS VP OF POLICY | (i) | 164,748. | 16,000. | 0. | 14,460. | 8,122. | 203,330. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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



**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

| | |
|--|---|
| Name of the organization THE HOUSING PARTNERSHIP NETWORK, INC. | Employer identification number 04-3172401 |
|--|---|

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

MISSION IS TO LEVERAGE THE INDIVIDUAL STRENGTHS AND MOBILIZE THE
COLLECTIVE POWER OF OUR MEMBER ORGANIZATIONS.

OUR VISION IS THAT ALL PEOPLE LIVE IN VIBRANT AND INCLUSIVE COMMUNITIES

WHERE ACCESS TO AFFORDABLE HOMES CREATES OPPORTUNITY AND ECONOMIC
MOBILITY.

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

OUR VISION IS THAT ALL PEOPLE LIVE IN VIBRANT AND INCLUSIVE COMMUNITIES

WHERE ACCESS TO AFFORDABLE HOMES CREATES OPPORTUNITY AND ECONOMIC
MOBILITY.

FORM 990, PART VI, SECTION A, LINE 6:

HPN SERVES AS A PEER NETWORK AND BUSINESS ALLIANCE FOR SOME OF THE NATIONS

TOP-PERFORMING NONPROFIT HOUSING DEVELOPERS, OWNERS, LENDERS, AND HOUSING

COUNSELORS. HPN HELPS THESE STRONG, ACCOMPLISHED ORGANIZATIONS INCREASE

PRODUCTION AND IMPACT THROUGH A UNIQUE MEMBER-DRIVEN COOPERATIVE THAT

SHARES KNOWLEDGE AND INNOVATION, POOLS RESOURCES TO ACCESS THE CAPITAL

MARKETS MORE EFFICIENTLY, AND SHAPES POLICY THAT REFLECTS AND ENHANCES

THEIR PRACTICE.

FORM 990, PART VI, SECTION A, LINE 7A:

NONE OF THE DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY

MEMBERS, STOCKHOLDERS, OR OTHER PERSONS.

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

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

Schedule O (Form 990) 2021

| | |
|---|--|
| Name of the organization THE HOUSING PARTNERSHIP NETWORK, INC. | Employer identification number 04-3172401 |
|---|--|

THE 990 IS SUBMITTED TO THE FINANCE COMMITTEE FOR REVIEW AND THEN MADE
AVAILABLE TO THE BOARD OF DIRECTORS BEFORE FILING.

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

ANNUAL CONFLICT OF INTEREST DISCLOSURES ARE USED AND IF ANY ISSUES ARISE
THE BOARD IS NOTIFIED. IF ISSUES ARISE, THE BOARD MEMBER INVOLVED WILL
RECUSE THEMSELVES FROM THE DECISION MAKING PROCESS.

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

THE QUATT STUDY: THIS IS A REVIEW OF THE OVERALL COMPETITIVENESS AND
STRUCTURE OF THE HOUSING PARTNERSHIP NETWORK'S EXECUTIVE COMPENSATION
PROGRAM. IN ADDITION, THE BOARD OF DIRECTORS ASSESS COMPENSATION ANNUALLY
TO ENSURE THE CEO AND OFFICERS' SALARIES ARE REASONABLE AND THE RESULTS OF
THE QUATT STUDY REMAIN RELEVANT BASED ON CURRENT MARKET CONDITIONS.

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

BY MEANS OF THE INTERNET AND UPON REQUEST.

FORM 990, PART VI, LINE 16B:

HPN'S POLICY OVER EVALUATING ITS PARTICIPATION IN JOINT VENTURE
ARRANGEMENTS INVOLVES AN ASSESSMENT PERFORMED BY HPN'S MANAGEMENT AND
BOARD OF DIRECTORS TO ENSURE THE TERMS OF ANY POTENTIAL JOINT VENTURE
RELATIONSHIP IS PERMITTED UNDER APPLICABLE FEDERAL TAX LAW AND HPN'S
EXEMPT STATUS IS BEING SAFEGUARDED. IN ADDITION, FORMAL OPERATING AND
OTHER APPLICABLE AGREEMENTS ARE FORMALLY EXECUTED BY ALL PARTIES
INVOLVED AND CLEARLY OUTLINE HPN'S ROLE IN ALL JOINT VENTURE
RELATIONSHIPS.

| | |
|---|--|
| Name of the organization THE HOUSING PARTNERSHIP NETWORK, INC. | Employer identification number 04-3172401 |
|---|--|

FORM 990, PART XII, LINE 2C

HPN DID NOT CHANGE ITS FINANCIAL OVERSIGHT PROCESS AS OF DECEMBER 31,
2021.

COPY

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021
Open to Public Inspection

Name of the organization **THE HOUSING PARTNERSHIP NETWORK, INC.** Employer identification number **04-3172401**

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 |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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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 |
| THE HOUSING PARTNERSHIP FUND, INC - 04-3484336, 1 WASHINGTON MALL, 12TH FLOOR, BOSTON, MA 02108 | FINANCING & LENDING | MASSACHUSETTS | 501(C)(3) | 10 | HOUSING PARTNERSHIP NETWORK | X | |
| THE HOUSING PARTNERSHIP VENTURES, INC - 20-0809596, 1 WASHINGTON MALL, 12TH FLOOR, BOSTON, MA 02108 | LOAN & OTHER FUNDING ALTERNATIVES | MASSACHUSETTS | 501(C)(3) | 12A | HOUSING PARTNERSHIP NETWORK | X | |
| | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

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 | |
| FRAMEWORK HOMEOWNERSHIP, LLC - 04-0888356, ONE WASHINGTON MALL, 12TH FLOOR, BOSTON, MA 02108 | ONLINE HOMEOWNERSHIP COUNSELING AND EDUCATION PROVIDE | DE | | RELATED | 7,007,604. | 3,539,465. | X | | N/A | X | | 50.00% |
| HPN NMTC I LLC - 81-4642909 ONE WASHINGTON MALL, 12TH FLOOR BOSTON, MA 02108 | INVESTMENT CAPITAL IN LOW-INCOME PROVIDE | DE | THE HOUSING PARTNERSHIP NETWORK, INC. | RELATED | 11. | 1,476. | X | | N/A | X | | .01% |
| HPN NMTC II LLC - 81-4653999 ONE WASHINGTON MALL, 12TH FLOOR BOSTON, MA 02108 | INVESTMENT CAPITAL IN LOW-INCOME PROVIDE | DE | THE HOUSING PARTNERSHIP NETWORK, INC. | RELATED | 11. | 1,478. | X | | N/A | X | | .01% |
| HPN NMTC III LLC - 81-4669662 ONE WASHINGTON MALL, 12TH FLOOR BOSTON, MA 02108 | INVESTMENT CAPITAL IN LOW-INCOME PROVIDE | DE | THE HOUSING PARTNERSHIP NETWORK, INC. | RELATED | 8. | 987. | X | | N/A | X | | .01% |

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 |
| HPNP, LLC - 47-5418258 ONE WASHINGTON MALL, 12TH FLOOR BOSTON, MA 02108 | GROUP BUYING COOPERATIVE | MA | THE HOUSING PARTNERSHIP VENTURES, INC | C CORP | 938,666. | 392,247. | 33.33% | | X |

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportion- ate 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 | |
| | PROVIDE | | | | | | | | | | | |
| HPN NMTC IV LLC - 81-4685894 ONE WASHINGTON MALL, 12TH FLOOR BOSTON, MA 02108 | INVESTMENT CAPITAL IN LOW-INCOME | DE | THE HOUSING PARTNERSHIP NETWORK, INC. | RELATED | 22. | 2,967. | X | | N/A | X | | .01% |
| | PROVIDE | | | | | | | | | | | |
| HPN NMTC V LLC - 82-4502321 ONE WASHINGTON MALL, 12TH FLOOR BOSTON, MA 02108 | INVESTMENT CAPITAL IN LOW-INCOME | DE | THE HOUSING PARTNERSHIP NETWORK, INC. | RELATED | 10. | 1,296. | X | | N/A | X | | .01% |
| | PROVIDE | | | | | | | | | | | |
| HPN NMTC VI LLC - 82-4510530 ONE WASHINGTON MALL, 12TH FLOOR BOSTON, MA 02108 | INVESTMENT CAPITAL IN LOW-INCOME | DE | THE HOUSING PARTNERSHIP NETWORK, INC. | RELATED | 6. | 897. | X | | N/A | X | | .01% |
| | PROVIDE | | | | | | | | | | | |
| HPN NMTC VII LLC - 82-4528954 ONE WASHINGTON MALL, 12TH FLOOR BOSTON, MA 02108 | INVESTMENT CAPITAL IN LOW-INCOME | DE | THE HOUSING PARTNERSHIP NETWORK, INC. | RELATED | 11. | 2,797. | X | | N/A | X | | .01% |
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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?

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | X | |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | X | |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) THE HOUSING PARTNERSHIP FUND, INC | D | 5,322,441. | CONTRACT VALUE |
| (2) THE HOUSING PARTNERSHIP VENTURES, INC. | D | 250,000. | CONTRACT VALUE |
| (3) THE HOUSING PARTNERSHIP FUND, INC | L | 1,564,486. | CONTRACT VALUE |
| (4) THE HOUSING PARTNERSHIP FUND, INC | D | 2,500,000. | CONTRACT VALUE |
| (5) THE HOUSING PARTNERSHIP FUND, INC | P | 329,660. | CONTRACT VALUE |
| (6) THE HOUSING PARTNERSHIP VENTURES, INC. | P | 2,233,700. | CONTRACT VALUE |

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

| (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---------------------------------------|-------------------------------|------------------------|--|
| (7) THE HOUSING PARTNERSHIP FUND, INC | B | 475,000. | CONTRACT VALUE |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| (11) | | | |
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| (22) | | | |
| (23) | | | |
| (24) | | | |

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

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

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

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

HPN NMTC I LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL IN LOW-INCOME COMMUNITIES

NAME OF RELATED ORGANIZATION:

HPN NMTC II LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL IN LOW-INCOME COMMUNITIES

NAME OF RELATED ORGANIZATION:

HPN NMTC III LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL IN LOW-INCOME COMMUNITIES

NAME OF RELATED ORGANIZATION:

HPN NMTC IV LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL IN LOW-INCOME COMMUNITIES

NAME OF RELATED ORGANIZATION:

HPN NMTC V LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL IN LOW-INCOME COMMUNITIES

NAME OF RELATED ORGANIZATION:

HPN NMTC VI LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL IN LOW-INCOME COMMUNITIES

NAME OF RELATED ORGANIZATION:

HPN NMTC VII LLC

Part VII Supplemental Information

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

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL IN LOW-INCOME COMMUNITIES

COPY

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

| | | |
|--|--|--|
| Type or print | Name of exempt organization or other filer, see instructions. THE HOUSING PARTNERSHIP NETWORK, INC. | Taxpayer identification number (TIN) 04-3172401 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 1 WASHINGTON MALL, 12TH FLOOR | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. BOSTON, MA 02108 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

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

ERIC CHATMAN

• The books are in the care of ▶ 1 WASHINGTON MALL, 12TH FLOOR - BOSTON, MA 02108

Telephone No. ▶ 617-720-1999

Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2021 or
▶ tax year beginning _____, and ending _____.

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

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

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