

Return of Organization Exempt From Income Tax

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

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2023** 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	C Name of organization THE HOUSING PARTNERSHIP NETWORK, INC.		D Employer identification number 04-3172401
	Doing business as		E Telephone number 617-720-1999
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1 WASHINGTON MALL, 12TH FLOOR		G Gross receipts \$ 28,438,558.
	City or town, state or province, country, and ZIP or foreign postal code BOSTON, MA 02108		
F Name and address of principal officer: ROBIN HUGHES SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

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

J Website: HOUSINGPARTNERSHIP.NET

K Form of organization: Corporation Trust Association Other

L Year of formation: 1992 **M** State of legal domicile: MA

Part I Summary		Prior Year	Current Year
Activities & Governance	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 2023 (Part V, line 2a)	5	52
	6 Total number of volunteers (estimate if necessary)	6	18
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	5,925,141.	21,927,588.
	9 Program service revenue (Part VIII, line 2g)	5,683,953.	5,807,464.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,783.	515,493.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	436,493.	188,013.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,049,370.	28,438,558.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,675,580.	1,671,425.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,176,853.	10,415,342.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	430,839.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)	4,660,426.	6,770,647.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,512,859.	18,857,414.	
19 Revenue less expenses. Subtract line 18 from line 12	-4,463,489.	9,581,144.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 37,762,315.	End of Year 48,908,914.
	21 Total liabilities (Part X, line 26)	25,988,424.	29,277,923.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,773,891.	19,630,991.

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 ROBIN HUGHES, PRESIDENT	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name ANDREW R. PURICELLI, CPA	Preparer's signature ANDREW R. PURICELLI, CPA	Date 07/25/24	Check if self-employed <input type="checkbox"/>	PTIN P01633436
	Firm's name AAFPCAS, INC.	Firm's EIN 04-2571780	Phone no. 508-366-9100		
	Firm's address 50 WASHINGTON STREET WESTBOROUGH, MA 01581				

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 \$ 13,819,629. including grants of \$ 1,671,425.) (Revenue \$ 5,995,477.) 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 13,819,629.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 shelter 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 19; 1b Enter the number of voting members included on line 1a... 18; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion of the organization's assets...; 6 Did the organization have members or stockholders...; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body...; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body...; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

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

Section C. Disclosure

- 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 [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) ROBIN HUGHES PRESIDENT AND CEO	40.00 1.00	X		X				483,404.	0.	44,919.
(2) CHARLES WEHRWEIN CHIEF OPERATING OFFICER	40.00				X			332,308.	0.	57,598.
(3) LISA ALBERGHINI CLERK & EVP, PEER EXCHANGE	40.00				X			327,106.	0.	46,922.
(4) ERIC CHATMAN CHIEF FINANCIAL OFFICER	40.00 2.00			X				308,567.	0.	56,439.
(5) KIM DEMPSEY EVP, CAPITAL MARKETS	40.00				X			280,781.	0.	39,787.
(6) PAUL DOWNING VP OF OPS AND INFO SYSTEMS	40.00					X		223,817.	0.	63,917.
(7) CATHERINE RODRIGUEZ VP OF LENDING & INVESTMENT	40.00 2.00					X		234,071.	0.	50,551.
(8) BRENDAN DOLAN PRESIDENT, HPIEX	40.00					X		225,009.	0.	57,072.
(9) SHANNON ROSS VP OF POLICY	40.00					X		210,923.	0.	27,991.
(10) MEAGHAN MCCARTHY VP, AFFORDABLE HOUSING & CONSUMER EM	40.00					X		203,756.	0.	32,088.
(11) DEIRDRE SCHMIDT CHAIRWOMAN	1.00	X		X				0.	0.	0.
(12) ISMAEL GUERRERO VICE CHAIRMAN	1.00 1.00	X		X				0.	0.	0.
(13) ELLIS CARR TREASURER	1.00	X		X				0.	0.	0.
(14) CHRIS PERSONS DIRECTOR	1.00	X						0.	0.	0.
(15) KATHY LABORDE DIRECTOR	1.00 1.00	X						0.	0.	0.
(16) LAWRENCE SWANSON DIRECTOR	1.00	X						0.	0.	0.
(17) MATT FRANKLIN 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) PATRICIA BELDEN DIRECTOR	1.00 1.00	X						0.	0.	0.
(19) LINDA MANDOLINI DIRECTOR	1.00 1.00	X						0.	0.	0.
(20) KEVIN NOWAK DIRECTOR	1.00 1.00	X						0.	0.	0.
(21) GRETA HARRIS DIRECTOR	1.00 1.00	X						0.	0.	0.
(22) PRIYA JAYACHANDRAN DIRECTOR	1.00 1.00	X						0.	0.	0.
(23) NICK MITCHELL-BENNETT DIRECTOR	1.00 2.00	X						0.	0.	0.
(24) SUSAN FRIEDLAND DIRECTOR	1.00 1.00	X						0.	0.	0.
(25) JULIE PORTER DIRECTOR	1.00 1.00	X						0.	0.	0.
(26) CARMEN ROMERO DIRECTOR	1.00 1.00	X						0.	0.	0.
1b Subtotal								2,829,742.	0.	477,284.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,829,742.	0.	477,284.

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 30

	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
PROJECT DESTINED EDUCATION RESOURCES 1623 S STREET NW, WASHINGTON, DC 20009	PROFESSIONAL CONSULTANT	360,000.
DAVIDOFF MISSION DRIVEN BUSINESS STRATEGY 816 MONTICELLO PLACE, EVANSTON, IL 60201	PROFESSIONAL CONSULTANT	114,100.

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

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 SEAN SPEAR and NANCY WAGNER-HISLIP.

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	1,277,109.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,206,889.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,443,590.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			21,927,588.			
Program Service Revenue	2 a MANAGEMENT FEES	Business Code	531390	3,584,440.	3,584,440.		
	b PROGRAM SERVICE FEES		531390	1,825,274.	1,825,274.		
	c INTEREST ON LOANS		531390	397,750.	397,750.		
	d						
	e						
	f All other program service revenue		531390				
	g Total. Add lines 2a-2f			5,807,464.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			515,493.		515,493.	
	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	188,013.	188,013.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			188,013.			
12 Total revenue. See instructions			28,438,558.	5,995,477.	0.	515,493.	

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 X

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 ...	1,671,425.	1,671,425.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,977,830.	1,344,924.	573,571.	59,335.
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	6,704,651.	4,455,160.	2,015,844.	233,647.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	539,607.	365,162.	155,689.	18,756.
9 Other employee benefits	641,899.	434,433.	185,226.	22,240.
10 Payroll taxes	551,355.	371,748.	160,306.	19,301.
11 Fees for services (nonemployees):				
a Management				
b Legal	175,139.		175,139.	
c Accounting	61,450.		61,450.	
d Lobbying	9,518.		9,518.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,854,084.	2,114,735.	704,054.	35,295.
12 Advertising and promotion				
13 Office expenses	130,739.	31,428.	97,037.	2,274.
14 Information technology				
15 Royalties				
16 Occupancy	576,946.	391,085.	170,770.	15,091.
17 Travel	411,398.	320,928.	71,125.	19,345.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	554,675.	527,214.	27,461.	
20 Interest	684,307.	684,307.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	93,541.	73,815.	17,459.	2,267.
23 Insurance	89,042.	75,823.	12,130.	1,089.
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	724,969.	724,969.		
b MISCELLANEOUS EXPENSES	128,049.	72,334.	55,715.	
c STAFF DEVELOPMENT	101,116.	3,891.	97,225.	
d CREDIT LOSS PROVISION	95,403.	95,403.		
e All other expenses	80,271.	60,845.	17,227.	2,199.
25 Total functional expenses. Add lines 1 through 24e	18,857,414.	13,819,629.	4,606,946.	430,839.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,988,341.	1	2,085,401.
	2 Savings and temporary cash investments	10,337,684.	2	20,128,430.
	3 Pledges and grants receivable, net	659,197.	3	659,197.
	4 Accounts receivable, net	1,201,091.	4	728,048.
	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	237,513.	9	324,432.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 703,941.		
	b Less: accumulated depreciation	10b 672,480.	45,104.	10c 31,461.
	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	16,630,335.	13	20,616,771.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,663,050.	15	4,335,174.
16 Total assets. Add lines 1 through 15 (must equal line 33)	37,762,315.	16	48,908,914.	
Liabilities	17 Accounts payable and accrued expenses	1,038,201.	17	2,701,685.
	18 Grants payable		18	
	19 Deferred revenue	178,670.	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	19,272,727.	24	22,272,727.
	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	5,498,826.	25	4,154,841.
	26 Total liabilities. Add lines 17 through 25	25,988,424.	26	29,277,923.
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	9,165,318.	27	15,690,316.
	28 Net assets with donor restrictions	2,608,573.	28	3,940,675.
	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	11,773,891.	32	19,630,991.
33 Total liabilities and net assets/fund balances	37,762,315.	33	48,908,914.	

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	28,438,558.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,857,414.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,581,144.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,773,891.
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	-1,724,044.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	19,630,991.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- 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 _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,081,914.	8,445,808.	11,667,491.	5,265,944.	21,927,588.	53,388,745.
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	6,081,914.	8,445,808.	11,667,491.	5,265,944.	21,927,588.	53,388,745.
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)						15,303,305.
6 Public support. Subtract line 5 from line 4.						38,085,440.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	6,081,914.	8,445,808.	11,667,491.	5,265,944.	21,927,588.	53,388,745.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	81,963.	67,686.	18,240.	3,783.	515,493.	687,165.
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						54,075,910.
12 Gross receipts from related activities, etc. (see instructions)					12	29,111,757.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	70.43 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	61.81 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<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

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test... Row 2: Activities Test. Answer lines 2a and 2b below. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below.

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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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).		

Schedule A (Form 990) 2023

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

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

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

Schedule A (Form 990) 2023

Part VI

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

Horizontal lines for supplemental information input.



SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

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.

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 THE HOUSING PARTNERSHIP NETWORK, INC.	Employer identification number 04-3172401
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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-.

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.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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) 2020	(b) 2021	(c) 2022	(d) 2023	(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					

Schedule C (Form 990) 2023

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		9,518.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			9,518.
2a Did the activities in line 1 cause the organization to not be 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 expenditures 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

2023

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

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included on line 2a, 2d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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.	194,190.	31,461.
d Equipment		478,290.	478,290.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				31,461.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN AFFILIATE	4,860,930.	COST
(2) LOANS RECEIVABLE	15,755,841.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	20,616,771.	

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	138,087.
(2) DUE FROM AFFILIATES	2,588,785.
(3) RIGHT-OF-USE LEASE ASSET	1,608,302.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	4,335,174.

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	2,446,639.
(3) OPERATING LEASE LIABILITY	1,608,302.
(4) CREDIT LOSS LIABILITY - UNFUNDED COMMITMENTS	99,900.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,154,841.

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 shaded area for calculations.

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 shaded area for calculations.

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, 2023.

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

STATE JURISDICTIONS.

**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

2023

**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	70,701.	0.			HOUSING COUNSELING PROGRAM & ADMINISTRATION
FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC. - 319 OAK STREET - BERA, KY 40403	31-0986871	501(C)3	100,000.	0.			HOUSING COUNSELING PROGRAM & ADMINISTRATION
FEDERATION OF APPALACHIAN HOUSING ENTERPRISES, INC. - 319 OAK STREET - BERA, KY 40403	31-0986871	501(C)3	50,000.	0.			HOUSING COUNSELING PROGRAM & ADMINISTRATION
COME DREAM. COME BUILD. (CDCB) 901 EAST LEVEE STREET BROWNSVILLE, TX 78520	74-1835777	501(C)3	56,908.	0.			HOUSING COUNSELING PROGRAM & ADMINISTRATION
COMMUNITY HOUSING PARTNERS CORPORATION - 448 DEPOT ST NE - CHRISTIANSBURG, VA 24073	54-1023025	501(C)3	29,875.	0.			HOUSING COUNSELING PROGRAM & ADMINISTRATION
HOMEPORT 3443 AGLER RD COLUMBUS, OH 43219	31-1208260	501(C)3	60,901.	0.			HOUSING COUNSELING PROGRAM & ADMINISTRATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **21.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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
HOUSING CHANNEL 4200 S.FREEWAY SUITE 307 FORT WORTH, TX 76107	75-2399903	501(C)3	49,462.	0.			HOUSING COUNSELING PROGRAM & ADMINISTRATION
INDIANAPOLIS NEIGHBORHOOD HOUSING PARTNERSHIP INC. - 3550 NORTH WASHINGTON BLVD. - INDIANAPOLIS, IN 46205	35-1742559	501(C)3	109,033.	0.			HOUSING COUNSELING PROGRAM & ADMINISTRATION
LONG ISLAND HOUSING PARTNERSHIP INC. - 180 OSER AVENUE SUITE 800 - HAUPPAUGE, NY 11788	11-2889068	501(C)3	59,048.	0.			HOUSING COUNSELING PROGRAM & ADMINISTRATION
METRO COMMUNITY DEVELOPMENT INC. 503 SOUTH SAGINAW STREET, SUITE 804 FLINT, MI 48502	38-3072010	501(C)3	23,959.	0.			HOUSING COUNSELING PROGRAM & ADMINISTRATION
NEIGHBORHOOD HOUSING SERVICES OF CHICAGO INC. - 1279 N. MILWAUKEE, 4TH FLOOR - CHICAGO, IL 60622	23-7443009	501(C)3	73,196.	0.			HOUSING COUNSELING PROGRAM & ADMINISTRATION
NEIGHBORHOOD HOUSING SERVICES OF CHICAGO INC. - 1279 N. MILWAUKEE, 4TH FLOOR - CHICAGO, IL 60622	23-7443009	501(C)3	44,706.	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	66,409.	0.			HOUSING COUNSELING PROGRAM & ADMINISTRATION
THE ST. AMBROSE HOUSING AID CENTER, INC. - 321 E. 25TH STREET - BALTIMORE, MD 21218	52-1729460	501(C)3	58,710.	0.			HOUSING COUNSELING PROGRAM & ADMINISTRATION
WAY FINDERS 120 MAPLE STREET, 4TH FLOOR SPRINGFIELD, MA 01103	04-2518368	501(C)3	76,855.	0.			HOUSING COUNSELING PROGRAM & ADMINISTRATION

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
COMMUNITY HOUSINGWORKS 3111 CAMINO DEL RIO NORTH, SUITE 80 SAN DIEGO, CA 92108	33-0317950	501(C)3	100,000.	0.			WELLS FARGO ADAPTIVE REUSE
MISSION FIRST HOUSING GROUP, INC. 2042-48 ARCH STREET, 2ND FLOOR PHILADELPHIA, PA 19103	45-5470563	501(C)3	150,000.	0.			WELLS FARGO ADAPTIVE REUSE
WESLEY HOUSING COMMUNITY DEVELOPMENT CORPORATION OF NORTHERN VIRGINIA - 2311 HUNTINGTON AVENUE - ALEXANDRIA, VA	51-0155779	501(C)3	100,000.	0.			WELLS FARGO ADAPTIVE REUSE
AVESTA 307 CUMBERLAND AVE PORTLAND, ME 04101	01-0315296	501(C)3	15,000.	0.			HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER
COME DREAM. COME BUILD. (CDCB) 901 EAST LEVEE STREET BROWNSVILLE, TX 78520	74-1835777	501(C)3	9,000.	0.			HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER
CHN HOUSING PARTNERS 2999 PAYNE AVENUE SUITE 306 CLEVELAND, OH 44114	34-1346763	501(C)3	24,000.	0.			HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER
CHAMPLAIN HOUSING TRUST 88 KING ST BURLINGTON, VT 05401	22-2536446	501(C)3	22,361.	0.			HOUSING COUNCELING PROGRAM & ADMINISTRATION
CHAMPLAIN HOUSING TRUST 88 KING ST BURLINGTON, VT 05401	22-2536446	501(C)3	10,800.	0.			HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER
HOMEPORT 3443 AGLER RD COLUMBUS, OH 43219	31-1208260	501(C)3	12,000.	0.			HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER

Schedule I (Form 990)

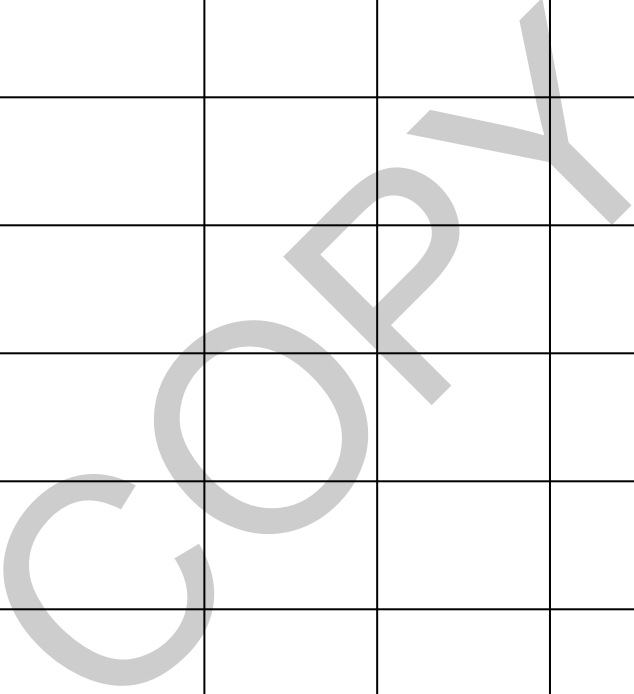
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
HOUSING CHANNEL 4200 S.FREEWAY SUITE 307 FORT WORTH, TX 76107	75-2399903	501(C)3	9,127.	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	9,000.	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	19,707.	0.			HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER
PENQUIS 262 HARLOW ST BANGOR, ME 04401	01-6023748	501(C)3	15,000.	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	19,105.	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	9,000.	0.			HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER
WAY FINDERS 120 MAPLE STREET, 4TH FLOOR SPRINGFIELD, MA 01103	04-2518368	501(C)3	7,800.	0.			HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER
HOUSING PARTNERSHIP DEVELOPMENT CORP. - 253 WEST 35TH STREET, THIRD FLOOR - NEW YORK, NY 10001	13-3202014	501(C)3	12,000.	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	15,000.	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
NEIGHBORHOOD HOUSING SERVICES OF NEW YORK CITY INC. - 307 WEST 36TH STREET FL 12 - NEW YORK, NY 10018	13-3098397	501(C)3	9,000.	0.			HOUSING STABILIZATION (RENTER STABILIZATION/EVICTION PREVENTION & HOMEOWNER



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

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:

NEIGHBORHOOD HOUSING SERVICES OF CHICAGO INC.

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

Part IV Supplemental Information

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

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: COME DREAM. COME BUILD. (CDCB)

(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)

NAME OF ORGANIZATION OR GOVERNMENT: HOMEPORT

(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: HOUSING CHANNEL

(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:

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

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

STABILIZATION/EVICTION PREVENTION & HOMEOWNER ASSISTANCE/FORECLOSURE

PREVENTION)

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

SOUTHWEST MINNESOTA HOUSING PARTNERSHIP

(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)

NAME OF ORGANIZATION OR GOVERNMENT: HOUSING PARTNERSHIP DEVELOPMENT CORP.

(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)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

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		

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

Schedule J (Form 990) 2023

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) ROBIN HUGHES PRESIDENT AND CEO	(i)	483,404.	0.	0.	22,892.	22,027.	528,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHARLES WEHRWEIN CHIEF OPERATING OFFICER	(i)	332,308.	0.	0.	26,400.	31,198.	389,906.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LISA ALBERGHINI CLERK & EVP, PEER EXCHANGE	(i)	327,106.	0.	0.	25,355.	21,567.	374,028.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ERIC CHATMAN CHIEF FINANCIAL OFFICER	(i)	308,567.	0.	0.	24,281.	32,158.	365,006.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KIM DEMPSEY EVP, CAPITAL MARKETS	(i)	280,781.	0.	0.	21,787.	18,000.	320,568.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PAUL DOWNING VP OF OPS AND INFO SYSTEMS	(i)	223,817.	0.	0.	17,864.	46,053.	287,734.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CATHERINE RODRIGUEZ VP OF LENDING & INVESTMENT	(i)	232,471.	1,600.	0.	18,685.	31,866.	284,622.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BRENDAN DOLAN PRESIDENT, HPIEX	(i)	225,009.	0.	0.	17,960.	39,112.	282,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SHANNON ROSS VP OF POLICY	(i)	208,023.	2,900.	0.	16,874.	11,117.	238,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) MEAGHAN MCCARTHY VP, AFFORDABLE HOUSING & CONSUMER EM	(i)	195,856.	7,900.	0.	16,260.	15,828.	235,844.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

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:

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization THE HOUSING PARTNERSHIP NETWORK, INC.	Employer identification number 04-3172401
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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 IX, LINE 11G, OTHER FEES:

CONSULTING:

PROGRAM SERVICE EXPENSES	2,114,735.
MANAGEMENT AND GENERAL EXPENSES	464,641.
FUNDRAISING EXPENSES	30,310.
TOTAL EXPENSES	2,609,686.

PAYROLL CONSULTING:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	146,812.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	146,812.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	92,601.
FUNDRAISING EXPENSES	4,985.
TOTAL EXPENSES	97,586.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,854,084.
--	------------

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN ON ACQUISITION OF REMAINING OWNERSHIP OF AFFILIATE	431,325.
FORGIVENESS (WRITE-OFF) OF DUE TO (FROM) COMBINED AFFILIATE	-1,310,964.
FORGIVENESS OF ACCOUNTS AND CONTRACTS RECEIVABLE	-880,816.
CUMULATIVE ADJUSTMENT FROM ADOPTION OF NEW CREDIT LOSS STANDARD	36,411.

TOTAL TO FORM 990, PART XI, LINE 9	-1,724,044.
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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,
2023.

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

2023

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

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)	LINE 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)	LINE 12A, I	HOUSING PARTNERSHIP NETWORK	X	

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	THE HOUSING PARTNERSHIP NETWORK, INC.	RELATED	3,689,953.	3,850,175.		X	N/A	X		99.99%
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.	1,466.		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.	1,467.		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.	980.		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	137,513.	211,453.	36.67%		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	
HPN NMTC IV LLC - 81-4685894 ONE WASHINGTON MALL, 12TH FLOOR BOSTON, MA 02108	PROVIDE INVESTMENT CAPITAL IN LOW-INCOME	DE	THE HOUSING PARTNERSHIP NETWORK, INC.	RELATED	22.	2,946.		X	N/A		X	.01%
HPN NMTC V LLC - 82-4502321 ONE WASHINGTON MALL, 12TH FLOOR BOSTON, MA 02108	PROVIDE INVESTMENT CAPITAL IN LOW-INCOME	DE	THE HOUSING PARTNERSHIP NETWORK, INC.	RELATED	11.	1,287.		X	N/A		X	.01%
HPN NMTC VI LLC - 82-4510530 ONE WASHINGTON MALL, 12TH FLOOR BOSTON, MA 02108	PROVIDE INVESTMENT CAPITAL IN LOW-INCOME	DE	THE HOUSING PARTNERSHIP NETWORK, INC.	RELATED	8.	891.		X	N/A		X	.01%
HPN NMTC VII LLC - 82-4528954 ONE WASHINGTON MALL, 12TH FLOOR BOSTON, MA 02108	PROVIDE INVESTMENT CAPITAL IN LOW-INCOME	DE	THE HOUSING PARTNERSHIP NETWORK, INC.	RELATED	21.	2,777.		X	N/A		X	.01%
HPN NMTC VIII LLC - 92-1057563, ONE WASHINGTON MALL, 12TH FLOOR, BOSTON, MA 02108	PROVIDE INVESTMENT CAPITAL IN LOW-INCOME	DE	THE HOUSING PARTNERSHIP NETWORK, INC.	RELATED	11.	2,395.		X	N/A		X	.01%
HPN NMTC IX LLC - 88-4309394 ONE WASHINGTON MALL, 12TH FLOOR BOSTON, MA 02108	PROVIDE INVESTMENT CAPITAL IN LOW-INCOME	DE	THE HOUSING PARTNERSHIP NETWORK, INC.	RELATED	1.	2,099.		X	N/A		X	.01%

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	10,322,441.	CONTRACT VALUE
(2) THE HOUSING PARTNERSHIP FUND, INC	L	2,635,423.	CONTRACT VALUE
(3) THE HOUSING PARTNERSHIP FUND, INC	D	2,500,000.	CONTRACT VALUE
(4) THE HOUSING PARTNERSHIP FUND, INC	P	712,013.	CONTRACT VALUE
(5) THE HOUSING PARTNERSHIP VENTURES, INC.	P	1,876,772.	CONTRACT VALUE
(6)			

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

NAME OF RELATED ORGANIZATION:

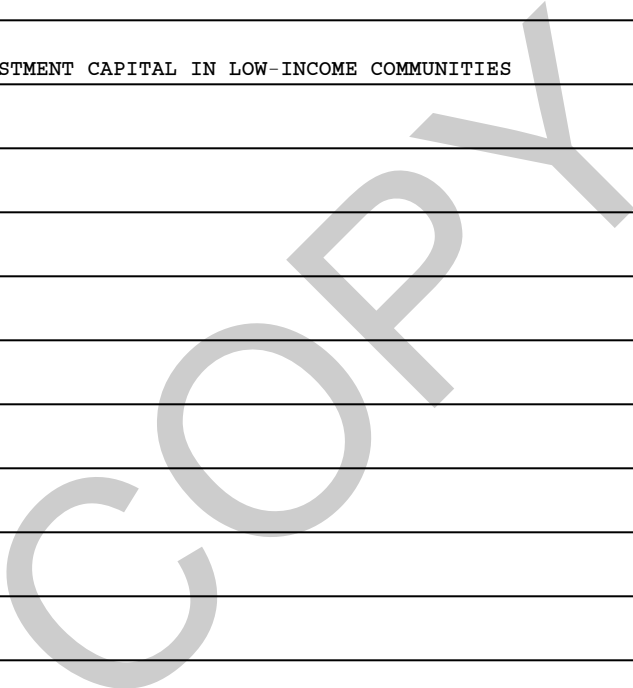
HPN NMTC VIII LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL IN LOW-INCOME COMMUNITIES

NAME OF RELATED ORGANIZATION:

HPN NMTC IX LLC

PRIMARY ACTIVITY: PROVIDE INVESTMENT CAPITAL IN LOW-INCOME COMMUNITIES



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

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

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

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

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. 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 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

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

The books are in the care of ERIC CHATMAN
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, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 23 or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

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