PUBLIC INSPECTION COPY

| Form 990 |
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EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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



| AF | or th | e 2023 calendar year, or tax year beginning and e | ending | | |
|-------------------------|---------------------|--|------------------------------|--------------------------------|-------------------------------|
| B (| Check if pplicab | le: C Name of organization | | D Employer identified | cation number |
| | Addre | MONTGOMERY HOUSING PARTNERSHIP, INC. | | | |
| | Name | | | 52-163193 | 39 |
| | Initial returr | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone number | r |
| | Final returr | 12200 TECH ROAD 2 | (301) 622 | | |
| | termii ated | ¹⁻ City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 20,176,543. |
| | Amer | SILVER SPRING, MD 20904 | | H(a) Is this a group re | eturn |
| | Appli tion | F Name and address of principal officer: ROBERT GOLDMAN | | for subordinates | ? Yes X No |
| | pendi | SAME AS C ABOVE | H(b) Are all subordinates in | cluded? Yes No | |
| <u> </u>] | Tax-ex | empt status: 🗴 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) or | r 📃 527 | lf "No," attach a | list. See instructions |
| | Nebsi | | | H(c) Group exemption | |
| | | f organization: 🔀 Corporation 🦳 Trust 🦳 Association 🦳 Other | L Year o | of formation: 1989 N | A State of legal domicile: MD |
| Pa | art I | Summary | | | |
| Ð | 1 | Briefly describe the organization's mission or most significant activities: TO PR | | | |
| uc u | | FOR LOW-INCOME FAMILIES LOCATED IN MONTGOM | IERY C | OUNTY, MARY | LAND. |
| Activities & Governance | 2 | Check this box if the organization discontinued its operations or dispose | ed of more | than 25% of its net ass | |
| ٥ ٥ | 3 | | | | 17 |
| ۍ م | 4 | Number of independent voting members of the governing body (Part VI, line 1b) \dots | | | 17 |
| es | 5 | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | | 97 |
| iviti | 6 | Total number of volunteers (estimate if necessary) | | | 17 |
| Act | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | <u></u> | | 0. |
| | | | | Prior Year | Current Year |
| e | 8 | Contributions and grants (Part VIII, line 1h) | | 7,625,052. | 3,920,409. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | $\frac{13,618,438}{6,860,850}$ | 13,868,749. |
| Be | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 6,860,859. | 2,008,278. |
| - | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 281,182. | 313,598. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 28,385,531. | 20,111,034. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 4,944,965. | 5,189,148. |
| ses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 4,944,965. | <u> </u> |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 880, 42 | ····· - | 0. | 0. |
| Ä | | 5 1 1 1 1 1 1 1 1 1 1 | | 18,211,377. | 14,581,946. |
| - | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 23,156,342. | 19,771,094. |
| | 18 19 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 5,229,189. | 339,940. |
| <u> </u> | | Revenue less expenses. Subtract line 18 from line 12 | | jinning of Current Year | End of Year |
| sts or | 20 | Total assots (Part V, line 16) | 1 | 66,458,126. | 116,796,482. |
| Assets - | 20 | Total assets (Part X, line 16) Total liabilities (Part X, line 26) | | 34,794,661. | 71,953,668. |
| Net / | 21 | Net assets or fund balances. Subtract line 21 from line 20 | | 31,663,465. | 44,842,814. |
| | art II | Signature Block | | 51,000,1000 | |
| 1.1 | | | | | |

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 | Signature of officer | Date |
|------------|--|--|
| Here | ROBERT GOLDMAN, PRESIDENT | |
| | Type or print name and title | |
| | Print/Type preparer's name Preparer's signature | Date Check DTIN |
| Paid | LORI ROTHE YOKOBOSKY, CPALORI ROTHE YOKOE | BOSKY 11/15/24 self-employed P01273422 |
| Preparer | Firm's name COHNREZNICK LLP | Firm's EIN 22-1478099 |
| Use Only | Firm's address 7501 WISCONSIN AVENUE, SUITE 400E | |
| | BETHESDA, MD 20814 | Phone no. 301-652-9100 |
| May the IF | RS discuss this return with the preparer shown above? See instructions | X Yes No |
| LHA For | Paperwork Reduction Act Notice, see the separate instructions. 332001 12 | Form 990 (2023) |

| | Check if Schedule O contains a r | esponse or note to any l | ine in this Part III | <u></u> | <u></u> | <u></u> | X |
|----|---|---------------------------|-----------------------------|-----------------------|----------------|----------------|-----------------|
| 1 | Briefly describe the organization's miss | ion: | | | | | |
| | THE ORGANIZATION'S M | | | | | | 3 |
| | AFFORDABLE HOUSING, | | | | | | |
| | THESE NEIGHBORHOODS, | AND IMPLEME | INT COMMUNITY | LIFE PROGE | RAMS FO | THOSE | |
| | RESIDENTS. | · | | | | | |
| 2 | Did the organization undertake any sign prior Form 990 or 990-EZ? | | e , | | | Yes | |
| | If "Yes," describe these new services o | | | | | | INC |
| 3 | Did the organization cease conducting, | | nges in how it conducts. | anv program service | s? | Yes | XN |
| | If "Yes," describe these changes on Sc | | | | | | |
| 4 | Describe the organization's program se | rvice accomplishments | for each of its three large | st program services, | as measured | by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organiza | tions are required to rep | port the amount of grants | and allocations to of | hers, the tota | l expenses, ar | id |
| | revenue, if any, for each program servic | e reported. | | | | 1 4 4 9 9 1 | |
| 4a | (Code:) (Expenses \$16 | ,235,847. includ | ling grants of \$ |) (R | evenue \$ | 14,182, | 347. |
| | SEE SCHEDULE O | | | | | | |
| | SEE SCHEDOLE O | | | | | | |
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| | | | | | | | |
| 4b | (Code:) (Expenses \$ | incluc | ling grants of \$ |) (R | evenue \$ | | |
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| | | | | | | | |
| 4c | (Code:) (Expenses \$ | incluc | ling grants of \$ |) (R | evenue \$ | | |
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| | | | | | | | |
| 4d | Other program services (Describe on S | chedule O.) | | | | | |
| | (Expenses \$ | including grants of \$ |) | (Revenue \$ | |) | |
| 4e | Total program service expenses | 16,235,8 | 47 | | | , | |
| | · · · · | · · · | | | | Form 9 | 90 (2023 |
| | 2 12-21-23 | | | | | | |

| Form 990 (2 | | | | PARTNERSHIP, | INC |
|------------------------|--|------------------|----|--------------|-----|
| Part IV Checklist of F | | equired Schedule | es | | |

| | | | Yes | No |
|-----------|--|-----------|-------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | _X_ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | _X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | v |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | v |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | | х |
| 8 | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | | | <u></u> |
| 0 | | 8 | | х |
| 9 | Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| Ŭ | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D. Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 10- | | х |
| L. | Schedule D, Parts XI and XII | 12a | | |
| D | Was the organization included in consolidated, independent audited financial statements for the tax year? | 104 | x | |
| 13 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b 13 | - 23 | X |
| тэ 14а | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | 1-74 | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | | 20a | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | 77 |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | 000 | X |
| 332003 | 3 12-21-23 | ⊢orm | 33U (| (2023) |

332003 12-21-23

| Form 990 (2 | | | PARTNERSHIP, | INC. |
|-------------|------------------------------------|-------------------|--------------|------|
| Part IV | Checklist of Required Schee | dules (continued) | | |

| | | | Yes | No |
|------------|---|-------|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | Х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | <u> </u> |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | v |
| ~ | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | v |
| ~~ | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | v |
| | "Yes," complete Schedule L, Part IV | 28a | | X X |
| | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | |
| с | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | v |
| ~~ | "Yes," complete Schedule L, Part IV | 28c | | X X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | | <u> </u> |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | v |
| • | contributions? If "Yes," complete Schedule M | 30 | | X X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | <u> </u> |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | v |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | v | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | Х | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | v | |
| 0 - | Part V, line 1 | 34 | X | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | v | |
| ~~ | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | Х | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | v |
| ~ | If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u> </u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | v |
| ~~ | and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | v | |
| Par | Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | <u> </u> |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | טוופטת זו סטוופטעוב ט כטווגמווז מ ופאטטואב טו זוטנב נט מוזע וווש וו נוווא דמוג ע | | V | |
| 4 | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 59 | | Yes | No |
| | | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| С | | 1c | х | |
| 22000 | | | | (2023) |
| JJ2004 | ¥ 12-21-23 | i unn | | (2023) |

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17231115 147227 8001495-0036158.0990 2023.05000 MONTGOMERY HOUSING PARTNE 80014951

| Form 990 (| | | PARTNERSHIP, | INC. | 52-1631939 | Pa | age 5 |
|------------|----------------------------|---------------|-------------------|-------------|------------|----|--------------|
| Part V | Statements Regarding Other | IRS Filings a | nd Tax Compliance | (continued) | | | |
| | | | | | | | |

| | | | | | Yes | No |
|--------|---|------------|------------------------|------|-----|--------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 97 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 2b | Х | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule | Ο. | | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | iccou | nt)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccour | nts (FBAR). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | | | 5b | | Х |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did th | e orga | anization solicit | | | 77 |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributi were not tax deductible? | | - | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser | vices | provided to the payor? | 7a | | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| с | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | as req | uired | | | |
| | to file Form 8282? | | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | ontrad | ct? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | act? | | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | orm 88 | 399 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | l by th | ne | | | |
| | | | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | - | | |
| | | | | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | 100 | I | | | |
| a b | Initiation fees and capital contributions included on Part VIII, line 12 | 10a 10b | | | | |
| 11 | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: | | | | | |
| | Gross income from members or shareholders | 11a | 1 | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | |
| D | amounts due or received from them.) | 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | • | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | |
| с | Enter the amount of reserves on hand | 13c | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | Х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu | le O | | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | | | | |
| | excess parachute payment(s) during the year? | | | 15 | | X |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | t inco | me? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | |
| | If "Yes," complete Form 6069. | | | Eorm | 990 | (2022) |
| 332005 | 12-21-23 | | | runn | 000 | (2023) |

| 17231115 | 147227 | 8001495-0036158.0990 |
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| | | 0001190 0000100000 |

| Form 990 | (2023) |
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MONTGOMERY HOUSING PARTNERSHIP, INC.

52-1631939 Page **6**

| 1 01111 000 (| | | ruge |
|---------------|--|----------------------------|------|
| Part VI | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b | below, and for a "No" resp | onse |
| | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instr | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | | X |

| Check if Schedule O contains a response or note to any line in this Part VI | |
|---|--|
| Section A. Governing Body and Management | |

| If ther body b Enter 2 Did a office 3 Did ti of off 4 Did ti 5 Did ti 6 Did ti 7 Did ti 7 Did ti 7 Did ti 7 Did ti 8 Did ti 8 Did ti 9 Is the organ 5 Cection b If "Ye and t | r the number of voting members of the governing body at the end of the tax year <u>1a</u> <u>17</u> re are material differences in voting rights among members of the governing body, or if the governing delegated broad authority to an executive committee or similar committee, explain on Schedule 0. r the number of voting members included on line 1a, above, who are independent <u>1b</u> <u>17</u> any officer, director, trustee, or key employee have a family relationship or a business relationship with any other er, director, trustee, or key employees to a management company or other person? the organization delegate control over management duties customarily performed by or under the direct supervision ficers, directors, trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form 990 was filed? the organization become aware during the year of a significant diversion of the organization's assets? the organization have members, stockholders, or other persons who had the power to elect or appoint one or a members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body? a committee with authority to act on behalf of the governing body? ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> B. Policies <i>(This Section B requests information about policies not required by the Internal Revenue Code.)</i> the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes? the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | X X X | No |
|--|---|--|-------------|---------------------------------|
| body b Enter 2 Did a office 3 Did ti 5 Did ti 5 Did ti 6 Did ti 7 Did ti 6 Did ti 7 Did ti 7 Did ti 8 Did ti 9 Are a perso 8 Did th a The c b Each 9 Is the organ 5 Cettion | delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Ib 17 r the number of voting members included on line 1a, above, who are independent Ib 17 any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Ib 17 er, director, trustee, or key employee? Internet of voting members included on line 1a, above, who are independent Ib 17 the organization delegate control over management duties customarily performed by or under the direct supervision ficers, directors, trustees, or key employees to a management company or other person? Internet of voting members or stockholders? Internet of voting members or stockholders, or other persons who had the power to elect or appoint one or Internet of voting members, stockholders, or other persons who had the power to elect or appoint one or Internet of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Internet of the governing body? Internet of the governing body? no committee with authority to act on behalf of the governing body? Internet of the governing body? Internet of the governing body? er any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> Internal Revenue Code.) Internal Revenue Code.) | 2 3 4 5 6 7a 7b 8a 8b 9 | X | X X X X X X |
| b Enter 2 Did a office 3 Did ti of off 4 Did ti 5 Did ti 6 Did ti 6 Did ti 7a Did ti more b Are a perso 8 Did ti a The g b Each 9 Is the organ Section | r the number of voting members included on line 1a, above, who are independent <u>1b</u> <u>15</u> any officer, director, trustee, or key employee have a family relationship or a business relationship with any other er, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision ficers, directors, trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form 990 was filed? the organization become aware during the year of a significant diversion of the organization's assets? the organization have members or stockholders, or other persons who had the power to elect or appoint one or a members of the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the committee with authority to act on behalf of the governing body? B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes? | 2 3 4 5 6 7a 7b 8a 8b 9 | X | X X X X X X |
| 2 Did a office 3 Did ti of off 4 Did ti 5 Did ti 6 Did ti 7a Did ti 7a Did ti 7a Did ti 6 Did ti 7a Did ti 6 Did ti 7a Did ti 8 Did ti 6 Did ti 6 Are a perso 8 Did ti 8 Did ti 6 Each 9 Is the organ 5 Eaction 10a Did ti b If "Ye and ti | any officer, director, trustee, or key employee have a family relationship or a business relationship with any other er, director, trustee, or key employee? the organization delegate control over management duties customarily performed by or under the direct supervision ficers, directors, trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form 990 was filed? the organization become aware during the year of a significant diversion of the organization's assets? the organization have members or stockholders, or other persons who had the power to elect or appoint one or a members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? to committee with authority to act on behalf of the governing body? B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes? | 2 3 4 5 6 7a 7b 8a 8b 9 | X | X X X X X X X |
| office 3 Did ti of office 4 Did ti 5 Did ti 6 Did ti 6 Did ti 7a Did ti more b Are a perso 8 Did ti a The g b Each 9 Is the organ Section | er, director, trustee, or key employee? the organization delegate control over management duties customarily performed by or under the direct supervision ficers, directors, trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form 990 was filed? the organization become aware during the year of a significant diversion of the organization's assets? the organization have members or stockholders, or other persons who had the power to elect or appoint one or a members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the organization contemporaneously document the meetings beld? the activities mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> B. Policies <i>(This Section B requests information about policies not required by the Internal Revenue Code.)</i> the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes? | 3 4 5 6 7a 7b 8a 8b 9 | X | X X X X X X |
| of off 4 Did ti 5 Did ti 6 Did ti 7a Did ti 7a Did ti 7a Did ti 6 Are a perso 8 Did th a The g b Each 9 Is the organ 5ection 10a Did ti b If "Ye and b | the organization delegate control over management duties customarily performed by or under the direct supervision ficers, directors, trustees, or key employees to a management company or other person? | 4 5 6 7a 7b 8a 8b 9 | X | X X X X X X |
| of off 4 Did ti 5 Did ti 6 Did ti 7a Did ti 7a Did ti more b Are a perso 8 Did th a The g b Each 9 Is the organ 5ection 10a Did ti b If "Ye and b | ficers, directors, trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form 990 was filed? the organization become aware during the year of a significant diversion of the organization's assets? the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or appoint one or e members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the organization contemporaneously document the meetings body? the organization contemporaneously document the mames and addresses on Schedule O B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) the organization have local chapters, branches, or affiliates? the organization have local chapters, branches, or affiliates? the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes? | 4 5 6 7a 7b 8a 8b 9 | X | X X X X X X |
| 4 Did til 5 Did til 6 Did til 7a Did til more b Are a perso 8 Did til a The g b Each 9 Is the organ Section | the organization make any significant changes to its governing documents since the prior Form 990 was filed? the organization become aware during the year of a significant diversion of the organization's assets? the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or appoint one or a members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the organization contemporaneously to act on behalf of the governing body? the activities mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> B. Policies <i>(This Section B requests information about policies not required by the Internal Revenue Code.)</i> the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes? | 5 6 7a 7b 8a 8b 9 | X | X X X X X X |
| 5 Did til 6 Did til 7a Did til 7b Are a perso 8 Did til a The g b Each 9 Is the organ 3 Section 10a Did til b If "Ye and b | the organization become aware during the year of a significant diversion of the organization's assets? the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or appoint one or e members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the organization contemporaneously document the governing body? the organization contemporaneously document the governing body? the organization during the year by the following: governing body? the organization address? <i>If "Yes," provide the names and addresses on Schedule O</i> B. Policies <i>(This Section B requests information about policies not required by the Internal Revenue Code.)</i> the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes? | 6 7a 7b 8a 8b 9 | X | X X X X |
| 6 Did there are a constraints of the second secon | the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or appoint one or a members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the organization contemporaneously document the governing body? the organizet with authority to act on behalf of the governing body? the organizet with authority to act on behalf of the governing body? the organizet with authority to act on behalf of the governing body? B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes? | 6 7a 7b 8a 8b 9 | X | X X X X |
| 7a Did the more more be Are a personant of the second se | the organization have members, stockholders, or other persons who had the power to elect or appoint one or e members of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? the organization function to behalf of the governing body? the organization function action behalf of the governing body? B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue Code.</i>) the organization have local chapters, branches, or affiliates? the organization have local chapters, branches, or affiliates? the organization have their operations are consistent with the organization's exempt purposes? | 7a 7b 8a 8b 9 | X | X X X |
| b Are a perso 8 Did th a The g b Each 9 Is the organ Section 10a Did th b If "Ye and b | any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body? he organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? he committee with authority to act on behalf of the governing body? here any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> B. Policies <i>(This Section B requests information about policies not required by the Internal Revenue Code.)</i> he organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes? | 7b 8a 8b 9 | X | X |
| 9 Is the organ 6 Did th a The g b Each 9 Is the organ 6 Organ 6 Organ 6 Organ 6 Organ 6 Organ 6 Organ 7 Organ 7 Organ 8 Organ | ons other than the governing body? he organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? h committee with authority to act on behalf of the governing body? ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> B. Policies <i>(This Section B requests information about policies not required by the Internal Revenue Code.)</i> the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes? | 8a 8b 9 | X | X |
| a The g b Each 9 Is the organ Section 10a Did th b If "Ye and b | governing body? a committee with authority to act on behalf of the governing body? ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i> B. Policies <i>(This Section B requests information about policies not required by the Internal Revenue Code.)</i> the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes? | 8b 9 10a | X | No |
| b Each 9 Is the organ Section 10a Did the b If "Ye and b | a committee with authority to act on behalf of the governing body? bere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses on Schedule O B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) the organization have local chapters, branches, or affiliates? bes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes? | 8b 9 10a | X | No |
| 9 Is the orgar Section 10a Did th b If "Ye and b | ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses on Schedule O B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes? | 9 10a | | No |
| orgar Section 10a Did th b If "Ye and b | nization's mailing address? If "Yes," provide the names and addresses on Schedule O B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes? | 10a | Yes | X |
| Section 10a Did ti b If "Ye and b | B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes? | 10a | Yes | No |
| 10a Did tl b If "Ye and t | he organization have local chapters, branches, or affiliates? | | Yes | |
| 10a Did tl b If "Ye and t | he organization have local chapters, branches, or affiliates? | | Yes | |
| b If "Ye and b | es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes? | | | |
| b If "Ye and b | es," did the organization have written policies and procedures governing the activities of such chapters, affiliates, branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | X |
| and b | branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| | | | | |
| | | 11a | | X |
| b Desc | cribe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| | he organization have a written conflict of interest policy? If "No," go to line 13 | 12a | х | |
| | officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12a | X | <u> </u> |
| | the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | 120 | - 23 | - |
| | | 100 | х | |
| | chedule O how this was done | 12c | X | <u> </u> |
| | he organization have a written whistleblower policy? | 13 | X | ┣── |
| | he organization have a written document retention and destruction policy? | 14 | ~ | |
| | he process for determining compensation of the following persons include a review and approval by independent | | | |
| | ons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | 37 | |
| | organization's CEO, Executive Director, or top management official | 15a | X | ─ |
| | er officers or key employees of the organization | 15b | х | |
| | es" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| | the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a ble entity during the year? | 16a | | x |
| b lf "Y€ | es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| in joi | nt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | npt status with respect to such arrangements? | 16b | | |
| | C. Disclosure | | | |
| 17 List t | the states with which a copy of this Form 990 is required to be filedMD | | | |
| | ion 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) | availa | ble |
| | ublic inspection. Indicate how you made these available. Check all that apply. | | | |
| 10 Dec- |] Own website Another's website X Upon request Other <i>(explain on Schedule O)</i> cribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an | dfinar | | |
| | | iu intano | lai | |
| | ements available to the public during the tax year. | | | |
| JEN | e the name, address, and telephone number of the person who possesses the organization's books and records NNIFER RUDOLPH - 301-622-2400 | | | |
| 122 | 200 TECH ROAD, SUITE 250, SILVER SPRING, MD 20904 | | 990 | |

| Form 990 (2023) | MONTGOMERY | HOUSING | PARTNERSHIP, | INC. | 52-1631939 | Page 7 | | |
|--|--|-------------------|------------------------------|--------------------|--|--------|--|--|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated | | | | | | | | |
| Employee | es, and Independent C | ontractors | | | | | | |
| Check if Sch | edule O contains a response | e or note to any | line in this Part VII | | | | | |
| Section A. Officers, D | irectors, Trustees, Key Em | ployees, and Hi | ghest Compensated Em | nployees | | | | |
| List all of the organ | | rectors, trustees | • | , 0 | with or within the organization's pardless of amount of compens | , | | |
| List all of the organ | nization's current key emplo | yees, if any. See | e the instructions for defin | ition of "key empl | loyee." | | | |
| who received reportable | on's five current highest com compensation (box 5 of For ization and any related orga | n W-2, box 6 of | | | | | | |

• 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) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
|-------------------------------|-----------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|--------|------------------------------|-----------------|-----------------------------|
| Name and title | Average | (do | not c | Pos | ition | | | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss per | rson i | s both | n an | compensation | compensation | amount of |
| | week | | cer an I | id a d | irecto | r/trus I | tee) | from | from related | other |
| | (list any | rector | | | | | | the | organizations | compensation |
| | hours for | or di | ee | | | ated | | organization | (W-2/1099-MISC/ | from the |
| | related organizations | ustee | trust | | ee | upens | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organization and related |
| | below | lual tr | tional | | nploy | st con yee | - | 1033-1120) | | organizations |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizationo |
| (1) ROBERT GOLDMAN | 34.00 | _ | | | - | | | | | |
| PRESIDENT | 6.00 | 1 | | Х | | | | 308,718. | Ο. | 45,319. |
| (2) STEPHANIE MURDOCK ROODMAN | 35.00 | | | | | | | | | |
| DIRECTOR OF REAL ESTATE | 0.00 | | | | | Х | | 177,221. | 0. | 39,649. |
| (3) JENNIFER RUDOLPH | 34.00 | | | | | | | | | |
| CFO | 6.00 | | | Х | | | | 195,895. | 0. | 1,175. |
| (4) WILLIAM HIGHSMITH, JR | 35.00 | | | | | | | | | |
| VP OF OPERATIONS | 5.00 | | | Х | | | | 168,467. | 0. | 18,879. |
| (5) EVA DILLON | 35.00 | | | | | | | | | |
| DIRECTOR OF ADVANCEMENT | 0.00 | | | | | X | | 142,541. | 0. | 29,280. |
| (6) ASHISH BHATIA | 35.00 | | | | | | | | | |
| DIRECTOR OF ASSET MANAGEMENT | 0.00 | | | | | X | | 135,611. | 0. | 27,749. |
| (7) SULEMA MIDDLETON STEWART | 35.00 | | | | | | | | | |
| VP OF COMMUNITY LIFE | 0.00 | | | Х | | | | 155,749. | 0. | 7,405. |
| (8) JOHN POYER | 35.00 | | | | | | | | | |
| SR. PROJECT MANAGER | 0.00 | | | | | X | | 131,616. | 0. | 30,244. |
| (9) NANCY RHYNE | 35.00 | | | | | | | | | |
| ASSET MANAGER | 0.00 | | | | | x | | 104,129. | 0. | 18,808. |
| (10) JULIA MORAN MORTON | 35.00 | | | | | | | | | |
| VP OF REAL ESTATE DEVELOPMENT | 0.00 | | | X | | | | 60,335. | 0. | 5,222. |
| (11) BILL CALDWELL | 1.00 | | | | | | | | • | |
| CHAIR (10) | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (12) EUGENE COSTA | 1.00 | | | 37 | | | | 0 | 0 | |
| VICE CHAIR (13) DEBRA MOSES | 6.00 | Х | | Х | | | | 0. | 0. | 0. |
| (13) DEBRA MOSES TREASURER | 1.00 | х | | x | | | | 0. | 0. | 0. |
| (14) JANET BROWN | 1.00 | ^ | | ^ | | | | 0. | 0. | 0. |
| SECRETARY | 0.00 | x | | x | | | | 0. | 0. | 0. |
| (15) CHAD COOLEY | 1.00 | | | 1 | | | | 0. | 0. | <u> </u> |
| BOARD MEMBER | 1.00 | х | | x | | | | 0. | 0. | 0. |
| (16) SARA DAINES | 1.00 | | | | | | | | | <u>.</u> |
| BOARD MEMBER | 0.00 | x | | | | | | 0. | 0. | 0. |
| (17) HELENE GOLDBERG | 1.00 | | | | | | | | . | |
| BOARD MEMBER | 1.00 | x | | | | | | 0. | Ο. | 0. |
| 332007 12-21-23 | | | | • | | | | | | Form 990 (2023) |
| | | | | | ~ | | | | | |

332007 12-21-23

| Form 990 (2023) MONTGOMER | Y HOUSI | NG | P | AR | TN | IER | SH | IP, INC. | 52-1631 | 939 | Page 8 |
|--|----------------------|--------------------------------|----------------------|---------|--------------|---------------------------------|----------|------------------------------|---------------------|--------------------|---------------|
| Part VII Section A. Officers, Directors, Trust | ees, Key Emp | oloye | ees, | and | l Hig | ghes | t C | ompensated Employee | s (continued) | | |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) | |
| Name and title | Average | (do | | | ition | ۱ than d | | Reportable | Reportable | Estima | |
| | hours per | box, | , unles | ss per | rson i | s both | n an | compensation | compensation | amour | nt of |
| | week | | cer an | dad | irecto | or/trus I | tee) | from | from related | othe | er |
| | (list any | rector | | | | | | the | organizations | compen | |
| | hours for related | or di | ee | | | ated | | organization | (W-2/1099-MISC/ | from | |
| | organizations | rustee | trust | | ee | npens | | (W-2/1099-MISC/ 1099-NEC) | 1099-NEC) | organiz and rel | |
| | below | Individual trustee or director | nstitutional trustee | _ | nploy | st cor yee | L. | 1000 NEO) | | organiza | |
| | line) | Indivi | Institu | Officer | Key employee | Highest compensated employee | Former | | | | |
| (18) NANCY HOLLAND | 1.00 | | | | | | | | | | |
| BOARD MEMBER | 3.00 | Х | | | | | | 0. | 0. | | 0. |
| (19) MARTIN WHITE | 1.00 | | | | | | | | | | |
| BOARD MEMBER | 0.00 | Х | | | | | | 0. | 0. | | 0. |
| (20) RONNIE JAMISON | 1.00 | | | | | | | | | | |
| BOARD MEMBER | 0.00 | Х | | | | | | 0. | 0. | | 0. |
| (21) SANDRA JOHNSON | 1.00 | | | | | | | | | | |
| BOARD MEMBER | 0.00 | Х | | | | | | 0. | 0. | | 0. |
| (22) CHRISTINE KAUFMAN | 1.00 | | | | | | | | | | |
| BOARD MEMBER | 0.00 | Х | | | | | | 0. | 0. | | 0. |
| (23) AUDREY MILLER KING | 1.00 | | | | | | | | • | | • |
| BOARD MEMBER | 1.00 | Х | | | | | | 0. | 0. | | 0. |
| (24) OSCAR MONTES | 1.00 | | | | | | | | • | | • |
| BOARD MEMBER | 0.00 | Х | | | | | | 0. | 0. | | 0. |
| (25) JEANNE SEGAL | 1.00 | 37 | | | | | | 0 | 0 | | 0 |
| BOARD MEMBER | 3.00 | Х | | | | | | 0. | 0. | | 0. |
| (26) BRANT SNYDER | 1.00 | х | | | | | | 0 | 0 | | 0 |
| BOARD MEMBER | 0.00 | Δ | | | | | | 0.1,580,282. | 0. | 223, | 0. |
| 1b Subtotal | | | | | | | | 1,500,202. | 0. | 445, | 0. |
| c Total from continuation sheets to Part VII | | | | | | ••••• | | 1,580,282. | 0. | 223, | |
| d Total (add lines 1b and 1c) 2 Total number of individuals (including but no | | | | | | | | | | <u> </u> | /30. |
| 2 Total number of individuals (including but no compensation from the organization | | 056 | 11510 | u au | JOVE | <i>y</i> wii | 016 | ceived more than \$100, | | | 10 |
| compensation from the organization | | | | | | | | | | Ye | |
| 3 Did the organization list any former officer, | director truste | ⊳ k | ev e | mnl | ove | e or | hia | hest compensated empl | ovee on | | |
| line 1a? If "Yes," complete Schedule J for su | | | - | | - | | - | | • | 3 | X |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | |
| and related organizations greater than \$150 | | | | | | | | | | 4 X | _ |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | - | |
| rendered to the organization? If "Yes." com | | | | | | | | | | 5 | X |
| Section B. Independent Contractors | | | | <u></u> | | 2.1. | | | | • | • |
| 1 Complete this table for your five highest cor | npensated ind | epe | nder | nt co | ontra | actor | rs th | at received more than \$ | 100,000 of compensa | tion from | |
| the organization. Report compensation for t | he calendar ye | ear e | ndin | ig w | ith c | or wi | thin | the organization's tax y | ear. | | |
| (A) | | | | | | | | (B) | | (C) | |
| Name and business | | | | | | | | Description of s | ervices (| Compensat | ion |
| HAZEN, INC., 735 8TH STRE | ET SE, | SU | IT! | E. | 20 | Ο, | | PROFESSIONAL | | 100 | 1 0 0 |
| WASHINGTON, DC 20003 | | | | | | | - | SERVICES | | 186, | 100. |
| EJO SOLUTIONS LLC | | | | | | | | | | 1 (1 | |
| PO BOX 104,, HAYMARKET, V | A 20168 | | | | | | _ | IT SERVICES | | 161, | 2/4. |
| DONALD HAGUE | ODDING | 3.0 | | 20 | ٥. | 1 | | PROFESSIONAL | | 120 | 005 |
| 1009 ORCHARD WAY, SILVER | | | | | | 4 | - | SERVICES | | 138, | 995. |
| MARCUM, LLP, 1899 L STREE | | З | ΟΤ. | тÇ | | | ľ | אם מהסוודטים | | 102 | 950 |
| 850, WASHINGTON, DC 20036 | | | | | | | - | HR SERVICES | | 123, | 900. |
| | | | | | | | | | | | |
| 2 Total number of independent contractors (ir | cluding but p | nt lin | nited | 1 to 1 | thos | se lie | L ted | above) who received mo | ore than | | |
| \$100,000 of compensation from the organiz | - | | | 0 | 4 | | .00 | | | | |
| SEE PART VII, SECTION | | IN | UΑ | TI | | | HE | ETS | | Form 990 | (2023) |

332008 12-21-23

| Form 990 MONTGOMER | | | | | | | | | 52-163 | 1939 |
|--|---|--------------------------------|-----------------------|---------|----------------------------|--------------------------------|--------|--|--|---|
| Part VII Section A. Officers, Directors, Tru | | nplo | yee | | | ligh | est (| | · · · | |
| (A) Name and title | (B) Average hours | (cł | | Pos | C) ition that | app | ly) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key em ployee | Highest com pensated em ployee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (27) SETH GRIMES | 1.00 | | | | | | | | | 0 |
| BOARD MEMBER (28) CHRIS RUHLEN | 0.00 | Х | | | | | | 0. | 0. | 0. |
| BOARD MEMBER | 0.00 | x | | | | | | 0. | 0. | 0. |
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| Total to Part VII, Section A, line 1c | | <u></u> | | | | | | | | |

332201 04-01-23

| Check if Schedulo C contains a response or note to any line in Pits Par VII (A) (A) (C) | | | | OUSING | PARTNERSHIP, | INC. | 52-1631 | 939 Page 9 |
|--|------------------------|--------|--|-----------------|---------------------------|-------------------|-----------|------------------------------------|
| Total revenue Ale State of exempt function revenue Construction for the state of exempt for the state exempt for | Par | rt VII | Statement of Revenue | | | | | |
| Total revenue Related or seampt function revenue Provenia docume business revenue | | | Check if Schedule O contains a respons | e or note to ar | ny line in this Part VIII | | | |
| Bit Ta Fundamental parts Ta Ta Ta Bit Trip Trip< Trip< Trip< Trip | | | | | | Related or exempt | Unrelated | Revenue excluded from tax under |
| Bot Membership dues Ib c Fundating events Id 7,846,10 d Related organizations Id 233,224,10 g Note: contributions, spinks, and spinks, | <i>(</i> 0, <i>(</i> 0 | 1 0 | Enderstad comparison | | | | | |
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| Ga Gross rents Ga (i) Real (ii) Personal b Less: rental expenses Gb | | 4 | | | | | | |
| Ga Gross rents Ga (i) Real (ii) Personal b Less: rental expenses Gb | | 5 | Royalties | | | | | |
| b Less: rental expenses 6b | | | | | nal | | | |
| B C Rental income or (loss) Gc Image: Constraint from sales of assets other than inventory assets other than inventory Image: Constraint from sales of assets other than inventory Image: Constraint from sales of assets other than inventory Image: Constraint from sales of assets other than inventory Image: Constraint from sales of assets other than inventory Image: Constraint from sales of assets other than inventory Image: Constraint from sales of assets other than inventory Image: Constraint from sales of assets other than inventory Image: Constraint from sales of assets other than inventory Image: Constraint from from from from from from from from | | 6 a | Gross rents 6a | | | | | |
| d Net rental income or (loss) i) Securities ii) Other assets other than inventory b Less: cost or there basis ad sales expenses 7b 7c c Gain or (loss) 7c c Gain or (loss) 7.846. of c contributions reported on line to). See Part IV, line 18 Ba Gross income from gaming activities. c Net income or (loss) from fundralising events c Net income or (loss) from fundralising events c Net income or (loss) from gaming activities. ga ga ga difference ga difference <lidifference< li=""> <lidifference< li=""></lidifference<></lidifference<> | | b | Less: rental expenses 6b | | | | | |
| 7 a Gross amount from sales of assets other than inventory i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a iii) Securities (iii) Other b Less: cost or other basis add sales expenses 7b iiii) Securities iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | | с | Rental income or (loss) 6c | | | | | |
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| orgentiation c Gain or (loss) Tc A a A ket gain or (loss) A </td <th></th> <td>b</td> <td>Less: cost or other basis</td> <td></td> <td></td> <td></td> <td></td> <td></td> | | b | Less: cost or other basis | | | | | |
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| 8 a Gross income from fundraising events (not including \$7,846. of contributions reported on line 1c). See Part IV, line 188b 65,509. 8 a 65,509. b Less: direct expenses8b 65,509. 8 b 65,509. c Net income or (loss) from fundraising events0. 0. 9 a Gross income from gaming activities. See Part IV, line 199b 9 a0 b Less: direct expenses9b 9 a0 c Net income or (loss) from gaming activities0. 0. c Net income or (loss) from gaming activities0. 0. c Net income or (loss) from gaming activities0. 0. c Net income or (loss) from gaming activities0. 0. c Net income or (loss) from gaming activities0. 0. c Net income or (loss) from sales of inventory 0. c Net income or (loss) from sales of inventory 0. c All other revenue | ven | С | Gain or (loss) | | | | | |
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| 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b 9b 9b 9c < | | b | | | | | | |
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| b Less: direct expenses 9b Image: state of the system of the syste | | 9 a | | | | | | |
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| b Less: cost of goods sold 10b Image: Cost of goods sold Image: Cost | | iu a | - | 0.0 | | | | |
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MONTGOMERY HOUSING PARTNERSHIP, Part IX Statement of Functional Expenses

INC.

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 respon | se or note to any line in (A) | this Part IX | (C) | (D) |
|------------------|--|-------------------------------|-----------------------------|------------------------------------|-------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 1,576,961. | 946,177. | 473,088. | 157,696 |
| ~ | trustees, and key employees | 1,570,901. | 940,177. | 4/3,000. | 157,090 |
| 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 | 2,882,615. | 1,729,569. | 864,785. | 288,261 |
| ' 8 | Pension plan accruals and contributions (include | 2,002,013. | <u> </u> | | 200,201 |
| 5 | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 356,129. | 213,677. | 106,839. | 35,613 |
| 9 | Payroll taxes | 373,443. | 224,066. | 112,033. | 37,344 |
| 1 | Fees for services (nonemployees): | 0,0,1100 | | | 0,,011 |
| a | | 243,989. | 243,989. | | |
| b | | 14,070. | | 14,070. | |
| c | • ··· · | 105,800. | 63,480. | 31,740. | 10,580 |
| d | | | | | |
| е | | | | | |
| f | Investment management fees | | | | |
| g | | | | | |
| - | column (A), amount, list line 11g expenses on Sch 0.) | 85,007. | 51,004. | 25,502. | 8,501 |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 87,057. | 55,349. | 23,781. | 7,927 |
| 4 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 1,991,283. | 1,591,511. | 299,829. | 99,943 |
| 17 | Travel | | | | |
| 8 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 9 | Conferences, conventions, and meetings | | | | |
| 0 | Interest | 5,572,635. | 5,572,635. | | |
| 21 | Payments to affiliates | 0 001 075 | 1 000 000 | | |
| 2 | Depreciation, depletion, and amortization | 2,001,067. | 1,996,684. | 3,272. | 1,111 |
| 3 | Insurance | 366,598. | 364,857. | 1,270. | 471 |
| 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 0.) OPERATING AND MAINT. | 1,643,764. | 1,640,085. | 2,683. | 996 |
| a | | 150,896. | 150,896. | 2,005. | 990 |
| b | TAXES | IJU,050. | ±JU,0JU. | | |
| с С | | | | | |
| d | All other expenses | 2,319,780. | 1,391,868. | 695,934. | 231,978 |
| | All other expenses | 19,771,094. | 16,235,847. | 2,654,826. | 880,421 |
| 2 <u>5</u> 26 | Joint costs. Complete this line only if the organization | | 10,200,010 | <u> </u> | 000,421 |
| .0 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

332010 12-21-23

17231115 147227 8001495-0036158.0990

12

Form 990 (2023)

2023.05000 MONTGOMERY HOUSING PARTNE 80014951

Form 990 (2023)
Part X Balance Sheet MONTGOMERY HOUSING PARTNERSHIP, INC. 52-1631939 Page 11

| ı a | | Check if Schedule O contains a response or note to a | ny line in this Part X | | | |
|-----------------------------|-----|--|------------------------|---------------------------------|------------|---------------------------|
| | _ | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 1 | |
| | 2 | Savings and temporary cash investments | | 15,231,232. | 2 | 20,177,834. |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 2,582,104. | 4 | 3,190,962 |
| | 5 | Loans and other receivables from any current or forme | er officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial | contributor, or 35% | | | |
| | | controlled entity or family member of any of these per- | sons | | 5 | |
| | 6 | Loans and other receivables from other disqualified pe | ersons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in se | ction 4958(c)(3)(B) | | 6 | |
| s | 7 | Notes and loans receivable, net | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | 8 | |
| As | 9 | | | 301,099. | 9 | 198,677. |
| | 10a | Land, buildings, and equipment: cost or other | | | | |
| | | basis. Complete Part VI of Schedule D 10a | 56,975,043. | | | |
| | b | Less: accumulated depreciation 10b | 4,127,838. | 99,399,741. | 10c | 52,847,205. |
| | 11 | Investments - publicly traded securities | | 342,431. | 11 | 344,104. |
| | 12 | Investments - other securities. See Part IV, line 11 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | 1,079. | 14 | 1,117,771. |
| | 15 | | | 48,600,440. | 15 | 38,919,929. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line | 33) | 166,458,126. | 16 | 116,796,482. |
| | 17 | Accounts payable and accrued expenses | | 5,523,033. | 17 | 3,665,611. |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 100,683. | 19 | 1,164,448. |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV | of Schedule D | | 21 | |
| Ş | 22 | Loans and other payables to any current or former off | cer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial | contributor, or 35% | | | |
| abil | | controlled entity or family member of any of these per- | sons | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrelated th | ird parties | 128,152,850. | 23 | 66,578,817. |
| | 24 | Unsecured notes and loans payable to unrelated third | parties | 627,500. | 24 | 250,000. |
| | 25 | Other liabilities (including federal income tax, payables | to related third | | | |
| | | parties, and other liabilities not included on lines 17-24 | l). Complete Part X | | | |
| | | of Schedule D | | 390,595. | 25 | 294,792. |
| | 26 | Total liabilities. Add lines 17 through 25 | | 134,794,661. | 26 | 71,953,668. |
| | | Organizations that follow FASB ASC 958, check he | re X | | | |
| ces | | and complete lines 27, 28, 32, and 33. | | | | |
| an | 27 | Net assets without donor restrictions | | 28,945,340. | 27 | 42,704,579. 2,138,235. |
| Ba | 28 | Net assets with donor restrictions | 2,718,125. | 28 | 2,138,235. | |
| pu | | Organizations that do not follow FASB ASC 958, ch | eck here | | | |
| Net Assets or Fund Balances | | and complete lines 29 through 33. | | | | |
| s 0 | 29 | Capital stock or trust principal, or current funds | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or equipme | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated income, | or other funds | | 31 | |
| Net | 32 | Total net assets or fund balances | | 31,663,465. | 32 | 44,842,814. |
| | 33 | | | 166,458,126. | 33 | 116,796,482. |

Form 990 (2023)

| | 990 (2023) MONTGOMERY HOUSING PARTNERSHIP, INC. | 52 | <u>-1631</u> | 939 | Pa | _{ge} 12 |
|----|---|----------|--------------|------------|-----|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | X |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 20 | <u>,11</u> | 1,0 | 34. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 19 | <u>,77</u> | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 33 | 9,9 | 40. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | ,66 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | -12 | 2,2 | 05. |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | 76 | 5,0 | 29. |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | 12 | ,19 | 6,5 | 85. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| | column (B)) | 10 | 44 | ,84 | 2,8 | 14. |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | О. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | Х | |
| | 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 X Consolidated basis Both consolidated and separate basis | | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sche | edule C |). | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | 3a | Х | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | red auc | lit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | X | |

Form **990** (2023)

332012 12-21-23

| SCH | EDU | ILE | Α |
|-----|-----|-----|---|
| | | | |

Department of the Treasury Internal Revenue Service

(Form 990)

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

| Nam | lame of the organization Employer identification number | | | | | | | | | |
|-------|---|--|-------------------------|--|------------------------|------------------|-----------------|----------------------|----------------------------|--|
| | | | | SING PARTNERS | | | | | 2-1631939 | |
| Par | tl | Reason for Public C | Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instruction | S. | | |
| The c | organi | zation is not a private found | ation because it is: (F | For lines 1 through 12, cl | heck only o | 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 orga | nization described in se | ection 170 | (b)(1)(A)(ii | i). | | | |
| 4 | | A medical research organization | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, | |
| | | city, and state: | | | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | lege or university owned | l or operat | ed by a go | vernmental u | nit describe | ed 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 | Х | | | | | | | | | |
| | | section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | |
| 8 | | A community trust describe | | | - | | | | | |
| 9 | | An agricultural research org | | | | - | | - | • | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the I | name, city | , and state of | the college | e or | |
| | | university: | | | | | | | | |
| 10 | | An organization that normal | | | | | | | | |
| | | activities related to its exem | | | | | | | - | |
| | | income and unrelated busin | | (less section 511 tax) fro | m busines | ses acqui | rea by the org | anization a | inter June 30, 1975. | |
| 11 | | See section 509(a)(2). (Cor An organization organized a | | volu to tost for public sat | foty Soo | soction 50 | 0(a)(4) | | | |
| 12 | | An organization organized a | - | • | • | | | rny out the | purposes of one or | |
| 12 | | more publicly supported or | - | - | - | | | • | | |
| | | lines 12a through 12d that of | - | | | | | | | |
| а | | Type I. A supporting orga | | | | | | - | aivina | |
| | - | the supported organization | - | - | • | - | | | | |
| | | organization. You must c | | | , , | | | | 11 5 | |
| b | | Type II. A supporting orga | | | ion with its | s supporte | d organizatio | n(s), by hav | ving | |
| | | control or management or | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manag | ge the supp | ported | |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | | |
| с | |] Type III functionally inte | grated. A supporting | g organization operated | in connect | ion with, a | and functional | ly integrate | ed with, | |
| | | its supported organizatior | n(s) (see instructions) | . You must complete I | Part IV, Se | ctions A, | D, and E. | | | |
| d | |] Type III non-functionally | v integrated. A supp | orting organization oper | ated in cor | nnection w | ith its suppor | ted organiz | zation(s) | |
| | | that is not functionally inte | egrated. The organiz | ation generally must sat | isfy a distr | ibution rec | quirement and | an attentiv | /eness | |
| | | requirement (see instructi | ions). You must con | nplete Part IV, Sections | A and D, | and Part | V. | | | |
| е | | Check this box if the orga | | | | | Type I, Type | II, Type III | | |
| | | functionally integrated, or | | nally integrated supporting | ng organiz | ation. | | | [] | |
| f | | r the number of supported o | • | | | | | | | |
| g | | ride the following information) Name of supported | i about the supporte | d organization(s). (iii) Type of organization | (iv) Is the orga | inization listed | (v) Amount of | monetary | (vi) Amount of other | |
| | | organization | (, | (described on lines 1-10 | in your governi Yes | ng document? | support (see ir | | support (see instructions) | |
| | | | | above (see instructions)) | 162 | No | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Tota | | | | | | | | | | |

Schedule A (Form 990) 2023 MONTGOMERY HOUSING PARTNERSHIP, INC. 52-1631939 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

| Sec | Section A. Public Support | | | | | | | |
|-------------|--|---------------------|-----------------------|-----------------------|--------------------|--------------------|--------------------|--|
| Cale | ndar 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.") | 2722008. | 3293034. | 4649756. | 7625052. | 3920409. | 22210259. | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization'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 | 2722008. | 3293034. | 4649756. | 7625052. | 3920409. | 22210259. | |
| 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) | | | | | | 1848436. | |
| | Public support. Subtract line 5 from line 4. | | | | | | 20361823. | |
| Sec | ction B. Total Support | | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | |
| 7 | Amounts from line 4 | 2722008. | 3293034. | 4649756. | 7625052. | 3920409. | 22210259. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | 670000 | <u></u> | | | ~~~~~ | | |
| | and income from similar sources \dots | 679,989. | 652,426. | 731,624. | 6860859. | 2008278. | 10933176. | |
| 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.) | | | | 332,084. | 313,598. | 645,682. | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 33789117. | |
| 12 | Gross receipts from related activities, | , | , | | | | ,940,643. | |
| 13 | First 5 years. If the Form 990 is for the | - | rst, second, third, f | ourth, or fifth tax y | ear as a section 5 | 01(c)(3) | _ | |
| 0.0 | organization, check this box and stop | | | | | | | |
| | ction C. Computation of Publi | | | | | | 60.06 | |
| | Public support percentage for 2023 (I | | | | | 14 | <u>60.26 %</u> | |
| | Public support percentage from 2022 | | | | | | 61.42 % | |
| 1 6a | 33 1/3% support test - 2023. If the d | - | | | 14 is 33 1/3% or m | ore, check this bo | | |
| | stop here. The organization qualifies | | - | | | | | |
| b | 33 1/3% support test - 2022. If the d | | | | | | | |
| | and stop here. The organization qual | | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | | |
| | and if the organization meets the fact | | | - | | VI how the organiz | zation | |
| - | meets the facts-and-circumstances te | - | | • • • • | | | | |
| b | 10% -facts-and-circumstances test | - | | | | | 10% or | |
| | more, and if the organization meets the | | | | | | [] | |
| 40 | organization meets the facts-and-circu | | - | | | | | |
| 18 | Private foundation. If the organization | TI GIG FIOT CHECK A | oox on line 13, 16a | a, 100, 17a, 0r 17b | , check this box a | | s | |
| | | | | | | Scriedule A | 11 01111 3301 2023 | |

332022 12-21-23

| | ests listed below, p | lease comp | lete Part II.) | | | | | |
|--|----------------------|------------|--------------------|---------------------|---------------------|--------|------------|---------------|
| Section A. Public Supp | | | | [| Г | | | |
| Calendar year (or fiscal year begi | • / | 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (| e) 2023 | (f) Total |
| 1 Gifts, grants, contribution | | | | | | | | |
| membership fees received | | | | | | | | |
| include any "unusual grar | | | | | | | | |
| 2 Gross receipts from admisements and a service of the service | | | | | | | | |
| formed, or facilities furnis | | | | | | | | |
| any activity that is related | | | | | | | | |
| organization's tax-exempt | · · | | | | | | | |
| 3 Gross receipts from activi | | | | | | | | |
| are not an unrelated trade | e or bus- | | | | | | | |
| iness under section 513 | ····· | | | | | | | |
| 4 Tax revenues levied for th | e l | | | | | | | |
| ization's benefit and eithe | • | | | | | | | |
| or expended on its behalf | | | | | | | | |
| 5 The value of services or fa | | | | | | | | |
| furnished by a governmer the organization without o | | | | | | | | |
| C C | • | | | | | | | |
| 6 Total. Add lines 1 through | | | | | | | | |
| 7a Amounts included on line 3 received from disqualifie | | | | | | | | |
| b Amounts included on lines 2 and 3 | | | | | | | | |
| from other than disqualified persor exceed the greater of \$5,000 or 1% | | | | | | | | |
| amount on line 13 for the year | | | | | | | | |
| c Add lines 7a and 7b | | | | | | | | |
| 8 Public support. (Subtract line | | | | | | | | |
| Section B. Total Suppo | rt | | I | I | 1 | | | I |
| Calendar year (or fiscal year begi | • / | 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (| e) 2023 | (f) Total |
| 9 Amounts from line 6 | | | | | | | | |
| 10a Gross income from intere dividends, payments rece | | | | | | | | |
| securities loans, rents, roy | yalties, | | | | | | | |
| and income from similar s | | | | | | | | |
| b Unrelated business taxable in | | | | | | | | |
| (less section 511 taxes) from | | | | | | | | |
| acquired after June 30, 1975 | | | | | | | | |
| c Add lines 10a and 10b | | | | | | | | |
| 11 Net income from unrelate activities not included on | | | | | | | | |
| whether or not the busine | | | | | | | | |
| regularly carried on | | | | | | | | |
| 12 Other income. Do not incl or loss from the sale of ca | | | | | | | | |
| assets (Explain in Part VI.) |) | | | | | | | |
| 13 Total support. (Add lines 9, 10c | | | | | | | | |
| 14 First 5 years. If the Form | • | | | | | | , c | on, |
| check this box and stop I | here | nort Dor | | | | | | |
| Section C. Computation | | | | | | | | |
| 15 Public support percentag | | | | | | 15 | | % |
| 16 Public support percentag | | | / | | | 16 | | % |
| Section D. Computation | | | | 10 1 (0) | | | | |
| 17 Investment income perce | - | | | | | 17 | | % |
| 18 Investment income perce | • | | | un line 14 and line | | | (= = | % Z is not |
| 19a 33 1/3% support tests - 2 | | | | | | | | |
| more than 33 1/3%, check | | | | | | | | |
| b 33 1/3% support tests - 2 | | | | | | | | |
| line 18 is not more than 3 | | | | | | | | |
| 20 Private foundation. If the | e organization uid n | or check a | box on line 14, 19 | a, UL 190, CHECK II | IIS DUX AND SEE INS | แน่งแบ | | |
| 332023 12-21-23 | | | | | | | JUNEQUIE A | |

MONTGOMERY HOUSING PARTNERSHIP, INC.

(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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

Schedule A (Form 990) 2023

17 2023.05000 MONTGOMERY HOUSING PARTNE 80014951

17231115 147227 8001495-0036158.0990

Schedule A (Form 990) 2

52-1631939 Page 3

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

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

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

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MONTGOMERY HOUSING PARTNERSHIP, INC. 52-1631939 Page 5 Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c

Section B. Type I Supporting Organizations

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

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

| Section D. All Type III Supporting Organizations | |
|--|--|
| | |

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

Section E. Type III Functionally Integrated Supporting Organizations

| I Check the box next to the method that the organization used to satisfy the integral Part Lest during the year 1500 IIISU UC | I Part Test during the year (see instructions). | Check the box next to the method that the organization used to satisfy the Integral P |
|---|---|---|
|---|---|---|

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| с | | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u> |
|---|--|---|--|
|---|--|---|--|

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

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1

. . .

| Sche | dule A (Form 990) 2023 MONTGOMERY HOUSING PART | | | 52-1631939 Page 6 |
|----------|---|-------------|----------------------------|--------------------------------|
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | g Orga | nizations | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | g trust on | Nov. 20, 1970 (explain | in Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations must | complete | e Sections A through E. | |
| Sect | ion 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 | | |
| Sect | ion 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): | | | |
| <u>a</u> | 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 | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| _7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| _1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| _4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ly integrat | ted Type III supporting or | rganization (see |

instructions).

Schedule A (Form 990) 2023

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| Schedule A (Form 990) 2023 |
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MONTGOMERY HOUSING PARTNERSHIP, INC.

| Par | t V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | inizations _{(contine} | ued) | |
|-------|---|-----------------------------------|---------------------------------------|------|---|
| Secti | on D - Distributions | | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | |
| | organizations, in excess of income from activity | | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | S | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - prior | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne 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 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2023 | าร | (iii) Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | |
| - | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| | From 2018 | | | | |
| | From 2019 | | | | |
| | From 2020 | | | | |
| | From 2021 | | | | |
| | From 2022 | | | | |
| | Total of lines 3a through 3e | | | | |
| | Applied to underdistributions of prior years | | | | |
| | Applied to 2023 distributable amount | | | | |
| i | Carryover from 2018 not applied (see instructions) | | | | |
| i | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from Section D, | | | | |
| | line 7: \$ | | | | |
| а | Applied to underdistributions of prior years | | | | |
| | Applied to 2023 distributable amount | | | | |
| с | 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: | | | | |
| а | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| с | Excess from 2021 | | | | |
| | Excess from 2022 | | | | |
| | Excess from 2023 | | | | |

Schedule A (Form 990) 2023

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| hedule A (| Form 990) 2023 | MONTGOMERY HO | | | | 52-1631939 | Page 8 |
|-------------|--|---|--|--|---|---|----------------|
| | Part IV, Section A, lines 1 line 1; Part IV, Section D, | mation. Provide the exp , 2, 3b, 3c, 4b, 4c, 5a, 6, 9 lines 2 and 3; Part IV, Sect | a, 9b, 9c, 11a, 11b tion E, lines 1c, 2a, | , and 11c; Part IV, \$ 2b, 3a, and 3b; Pa | Section B, lines 1 a rt V, line 1; Part V, | and 2; Part IV, Sectio Section B, line 1e; P | n C, art V, |
| | Section D, lines 5, 6, and (See instructions.) | 8; and Part V, Section E, li | nes 2, 5, and 6. Als | o complete this pa | rt for any addition | al information. | |
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| 28 12-21-23 | | | | | | Schedule A (Form | 990) 2023 |

Department of the Treasury

Internal Revenue Service

| (Form | 990) |
|-------|------|
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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.



Name of the organization

MONTGOMERY HOUSING PARTNERSHIP, INC.

Employer identification number 52 - 1631939

| Par | | | or Accounts. Complete if the |
|--------|---|--|--|
| | organization answered "Yes" on Form 990, Part IV, line | e 6. (a) Donor advised funds | (b) Funds and other accounts |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 5 | Aggregate value at end of year Did the organization inform all donors and donor advisors in v | writing that the appets hold in donor advis | and funda |
| 5 | are the organization's property, subject to the organization's e | - | |
| 6 | Did the organization inform all grantees, donors, and donor ad | | |
| U | for charitable purposes and not for the benefit of the donor of | | |
| | | | |
| Par | | | |
| 1 | Purpose(s) of conservation easements held by the organization | | ·, · · ·, · · · · · · · · · |
| • | Preservation of land for public use (for example, recreat | | f a historically important land area |
| | Protection of natural habitat | | f a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| с | Number of conservation easements on a certified historic stru | ucture included on line 2a | |
| d | Number of conservation easements included on line 2c acqui | red after July 25, 2006, and not | |
| | on a historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the | e organization during the tax |
| | year | | |
| 4 | Number of states where property subject to conservation eas | | |
| 5 | Does the organization have a written policy regarding the peri | | |
| _ | violations, and enforcement of the conservation easements it | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, I | handling of violations, and enforcing con- | servation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and opforcing conserva | tion accoments during the year |
| • | Amount of expenses mounted in monitoring, inspecting, nand | | alon casements during the year |
| 8 | Does each conservation easement reported on line 2d above | satisfy the requirements of section 170(r | 1)(4)(B)(i) |
| - | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | balance sheet, and include, if applicable, the text of the footn | ote to the organization's financial statem | ents that describes the |
| | organization's accounting for conservation easements. | | |
| Par | t III Organizations Maintaining Collections of | Art, Historical Treasures, or O | ther Similar Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 956 | 8, not to report in its revenue statement a | and balance sheet works |
| | of art, historical treasures, or other similar assets held for pub | lic exhibition, education, or research in fu | urtherance of public |
| | service, provide in Part XIII the text of the footnote to its finan | icial statements that describes these iten | IS. |
| b | If the organization elected, as permitted under FASB ASC 958 | 8, 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 furth | nerance of public service, |
| | provide the following amounts relating to these items. | | • |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | |
| ~ | | | |
| 2 | If the organization received or held works of art, historical treater following and the following and | | u gain, provide |
| - | the following amounts required to be reported under FASB As | - | ¢ |
| | Revenue included on Form 990, Part VIII, line 1 | | |
| | Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions | | \$ Schedule D (Form 990) 2023 |
| | 09-28-23 | | |

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| | dule D (Form 990) 2023 MONTGOME | | | | | | | | | L63193 | | Page 2 |
|------------|--|----------------|------------|----------|-------------------|----------------|-------------|-----------|------------|----------------------|-------------|---------|
| Par | t III Organizations Maintaining Co | ollections | of Art, | His | torical Tr | easures, c | or Other | r Simila | ar Ass | ets _{(cont} | inuec | 1) |
| 3 | Using the organization's acquisition, accessio | n, and other i | ecords, | chec | k any of the | following that | it make si | gnificant | t use of i | ts | | |
| | collection items (check all that apply). | | | | | | | | | | | |
| а | Public exhibition | | d | | Loan or ex | change progr | ram | | | | | |
| b | Scholarly research | | е | | Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's col | lections and | explain I | how t | hey further t | he organizati | on's exen | npt purp | ose in P | art XIII. | | |
| 5 | During the year, did the organization solicit or | receive dona | tions of | art, h | istorical trea | asures, or oth | er similar | assets | | | | |
| | to be sold to raise funds rather than to be mai | ntained as pa | art of the | e orga | nization's co | ollection? | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang | | | | | | | | | /, line 9, or | | |
| | reported an amount on Form 990, Part | | • | | 0 | | | | , | , , | | |
| 1a | Is the organization an agent, trustee, custodia | n, or other in | termedia | ary fo | r contributio | ns or other a | ssets not | included | ł | | | |
| | on Form 990, Part X? | | | | | | | | | Yes | Г | No |
| b | If "Yes," explain the arrangement in Part XIII a | | | | | | | | | | | |
| | | ind complete | | g | | | | | | Amou | nt | |
| с | Beginning balance | | | | | | | 1c | | | | |
| | Additions during the year | | | | | | | | | | | |
| | Distributions during the year | | | | | | | | | | | |
| | Ending balance | | | | | | | | | | | |
| | Did the organization include an amount on Fo | | | | | | | | | Yes | Γ | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | Г | |
| Par | | | | | | | | | | | | |
| | | (a) Current | | | Prior year | (c) Two yea | T | | e years ba | ick (e) Fo | ur vea | rs back |
| 1 a | Beginning of year balance | ., . | | . , | , | | | . , | 5 | | | |
| b | Contributions | | | | | | | | | | | |
| с С | Net investment earnings, gains, and losses | | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | | | |
| e | | | | | | | | | | | | |
| | and programs | | | | | | | | | | | |
| | Administrative expenses | | | | | | | | | | | |
| g | End of year balance | | | (1: | e e e la une e de | | | | | | | |
| 2 | Provide the estimated percentage of the curre | , | alance | ` | g, column (a | a)) neid as: | | | | | | |
| a | Board designated or quasi-endowment | | | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | | |
| С | Term endowment9 | | | | | | | | | | | |
| - | The percentages on lines 2a, 2b, and 2c shou | | | | | | | | | | | |
| За | Are there endowment funds not in the posses | sion of the or | ganızatı | on th | at are held a | ind administe | ered for th | е | | | Ve | |
| | organization by: | | | | | | | | | | Ye | s No |
| | (i) Unrelated organizations? | | | | | | | | | | | _ |
| | (ii) Related organizations? | | | | | | | | | |) | _ |
| b | If "Yes" on line 3a(ii), are the related organizat | | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | endow | ment | funds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipme | | 000 | D | | 0 | | 1 | | | | |
| | Complete if the organization answered | | | | | | 1 | | | | | |
| | Description of property | | st or oth | | | st or other | 1 | ccumula | | (d) Bo | ok va | lue |
| | | <u> </u> | nvestme | ent) | | s (other) | de | preciatio | n | 40 - | | |
| | Land | | | | | 37,423. | | | | 13,53 | <u>, 17</u> | 423. |
| | Buildings | | | | 42,4 | 73,348. | 3,8 | 390,8 | 379. | 38,58 | 32, | 469. |
| С | Leasehold improvements | | | | - | | | | | | | |
| d | Equipment | | | | 96 | 54,272. | 1 2 | 236,9 | 959. | 72 | 27, | 313. |
| e | Other | | | | | | | | | | | |
| Tota | . Add lines 1a through 1e. (Column (d) must eq | ual Form 990 | , Part X, | line | 10c, columr | <u>ו (B))</u> | | | | 52,84 | .7, | 205. |
| | | | | | | | | | Sched | ule D (For | m 99 | 0) 2023 |

Schedule D (Form 990) 2023

332052 09-28-23

| Schedule D | (Form 990) 2023 | MONTGOMERY | HOUSING | PARTNE | RSHIP, | INC. | 52-1631939 Page 3 |
|-------------------|---------------------------|--|----------------|-----------------|-----------------|---------------------|----------------------------------|
| Part VII | | Other Securities | | | | | |
| | | ganization answered "Yes" | 1 | | | | |
| (a) Descrip | otion of security or cate | GOTY (including name of security) | (b) Book | value | (c) Metho | od of valuation: C | Cost or end-of-year market value |
| ., | | | | | | | |
| | held equity interests | s | | | | | |
| (3) Other | | | | | | | |
| (A) | | | | | | | |
| <u>(B)</u> | | | | | | | |
| (C) (D) | | | | | | | |
| (E) | | | | | | | |
| (F) | | | | | | | |
| (G) | | | | | | | |
| (H) | | | | | | | |
| | b) must equal Form 99 | 00, Part X, line 12, col. (B)) | | | | | |
| Part VIII | Investments - | Program Related. | | | | | |
| | | ganization answered "Yes" | | | | | |
| | (a) Description o | f investment | (b) Book | value | (c) Metho | od of valuation: C | Cost or end-of-year market value |
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| <u>(8)</u> (9) | | | | | | | |
| | h) must equal Form 99 | 90, Part X, line 13, col. (B)) | | | | | |
| Part IX | Other Assets | | | | | | |
| | Complete if the or | ganization answered "Yes" | on Form 990, F | Part IV, line 1 | 1d. See Form | n 990, Part X, line | 9 15. |
| | | (a) | Description | | | | (b) Book value |
| (1) IN | IVESTMENT I | IN SUBSIDIARIE | S AND AF | FILIAT | ES | | 26,390,947. |
| | STRICTED R | | | | | | 3,589,968. |
| | | FEES RECEIVAB | LE | | | | 5,031,357. |
| (4) CC | NSTRUCTION | I IN PROGRESS | | | | | 3,907,657. |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | 38,919,929. |
| Part X | Other Liabilitio | ⁻ orm 990, Part X, line 15, cc es | <u>ы. (В))</u> | | | | |
| | | ganization answered "Yes" | on Form 990. F | Part IV. line 1 | 1e or 11f. Se | e Form 990. Part | X. line 25. |
| 1. | | Description of liability | | | | ,, | (b) Book value |
| | deral income taxes | | | | | | |
| | | RITY DEPOSITS | | | | | 138,235. |
| (3) DU | JE TO/ FROM | I INTERCOMPANY | | | | | 156,557. |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| | ., , | orm 990, Part X, line 25, co | | | | | |
| • | | ositions. In Part XIII, provide | | | - | | |
| organiz | ation's liability for ur | ncertain tax positions unde | r FASB ASC 74 | 0. Check her | e if the text c | of the footnote ha | s been provided in Part XIII 🚺 |

Schedule D (Form 990) 2023

332053 09-28-23

| _ | dule D (Form 990) 2023 MONTGOMERY HOUSING PARTNER | | | | <u>1631939</u> | Page 4 |
|-----|--|---------|------------------|-------|----------------|--------|
| Par | t XI Reconciliation of Revenue per Audited Financial Stateme | nts Wit | h Revenue per Re | eturn | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | . 2a | | _ | | |
| b | Donated services and use of facilities | . 2b | | _ | | |
| с | Recoveries of prior year grants | 2c | | | | |
| d | Other (Describe in Part XIII.) | 2d | | | | |
| е | Add lines 2a through 2d | | | 2e | | |
| 3 | Subtract line 2e from line 1 | | | 3 | | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | | | | |
| b | Other (Describe in Part XIII.) | . 4b | | | | |
| с | Add lines 4a and 4b | | | 4c | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | | |
| Pa | t XII Reconciliation of Expenses per Audited Financial Statem | ents Wi | th Expenses per | Retur | n | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a | - | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | |
| а | Donated services and use of facilities | . 2a | | | | |
| b | Prior year adjustments | 2b | | | | |
| с | Other losses | 2c | | | | |
| d | Other (Describe in Part XIII.) | | | | | |
| е | Add lines 2a through 2d | | | 2e | | |
| 3 | Subtract line 2e from line 1 | | | 3 | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | |
| с | Add lines 4a and 4b | | | 4c | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | | |
| Pa | t 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:

| MHP AND ITS SUBSIDIARIES (EXCEPT FLOWER MAPLE, PARKVIEW TOWERS, SILVER |
|---|
| SPRING AVENUE, NORTH FREDERICK AVENUE, FOREST GLEN, HILLBROOKE TOWERS, |
| HILLWOOD MANOR, MHP WORTHINGTON WOODS, MHP CRESCENT PARK, ROLLINGWOOD, AND |
| MHP FRANKLIN) HAVE APPLIED FOR AND RECEIVED A DETERMINATION LETTER FROM |
| THE INTERNAL REVENUE SERVICE ("IRS") TO BE TREATED AS A TAX-EXEMPT ENTITY |
| PURSUANT TO SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND DID NOT |
| HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2023. |
| DUE TO ITS TAX-EXEMPT STATUS, THE ORGANIZATION IS NOT SUBJECT TO INCOME |
| TAXES. THE ORGANIZATION IS REQUIRED TO FILE AND DOES FILE TAX RETURNS WITH |
| THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE CONSOLIDATED |
| FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND THE |
| 332054 09-28-23 Schedule D (Form 990) 2023 |
| 231115 147227 8001495-0036158.0990 2023.05000 MONTGOMERY HOUSING PARTNE 8001495 |

| ORGANIZATION HAS NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. INCOME TAX RETURNS FILED BY THE AFFILIATES ARE SUBJECT TO EXAMINATION BY THE IRS FOR A FERIOD OF THREE YEARS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE IRS TAX YEARS SINCE 2020 REMAIN OPEN. | Chedule D (Form 990) 2023 MONTGOMERY HOUSING PARTNERSHIP, INC. 52-1631939 Part XIII Supplemental Information (continued) | age 5 |
|--|--|--------|
| EXAMINATION BY THE IRS FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX RETURNS ARE CURRENTLY BEING EXAMINED BY THE IRS TAX YEARS SINCE 2020 REMAIN OPEN. | RGANIZATION HAS NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR | |
| RETURNS ARE CURRENTLY BEING EXAMINED BY THE IRS TAX YEARS SINCE 2020 | SISCLOSURE. INCOME TAX RETURNS FILED BY THE AFFILIATES ARE SUBJECT TO | |
| REMAIN OPEN. | XAMINATION BY THE IRS FOR A PERIOD OF THREE YEARS. WHILE NO INCOME TAX | |
| | ETURNS ARE CURRENTLY BEING EXAMINED BY THE IRS TAX YEARS SINCE 2020 | |
| | EMAIN OPEN. | |
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| Schedule D (Form 990) 202 | Schedule D (Form 990) |) 2023 |
| 32055 09-28-23 33 | 32055 09-28-23 | |

| SCHEDULE G | Suppleme | ntal Information Regarding | Fund | Iraisi | ng or Gaming A | ctiv | ities o | DMB No. 1545-0047 |
|---|--|---|---|--|--|-------------------|--|--|
| (Form 990) | | e organization answered "Yes" on | | | | r 19 , | or if the | 2023 |
| | C | organization entered more than \$15 Attach to Form 990 o | | | | | | Open to Public |
| Department of the Treasury Internal Revenue Service | Go t | o www.irs.gov/Form990 for instruc | | | | ı. | | Inspection |
| Name of the organization | | | | | TNO | | | ntification number |
| Part I Fundrais | | ERY HOUSING PARTNED Complete if the organization answe | | | | ne 1 ⁻ | 52-1631 | |
| | complete this part | | | | | | | |
| a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list | tions email solicitations tations licitations on have a written o red in Form 990, Pa | | ion of ion of fundra (includ | non-g gover iising o ling of onal fu | overnment grants nment grants events ficers, directors, trust undraising services? | - | Yes | |
| compensated at le | • | · / / | | 5 | | | | |
| (i) Name and addres or entity (fund | | (ii) Activity | (iii) fundr have ci or con contribu | trol of | (iv) Gross receipts from activity | tò (c | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | | |
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| | ich the organizatio | n is registered or licensed to solicit c | ontrib | utions | or has been notified | it is e | exempt from re | gistration |
| or licensing. | | | | | | | | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

LHA 332081 09-13-23

34 17231115 147227 8001495-0036158.0990

MONTGOMERY HOUSING PARTNERSHIP, INC.

52-1631939 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | of fundraising event contributions and gr | | | | ts greater than \$5,000. |
|-----------------|---------|--|---------------------------------------|-------------------------|------------------|----------------------------|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | GOLF | | NONE | (add col. (a) through |
| | | | TOURNAMENT | | | col. (c)) |
| ۵ | | | (event type) | (event type) | (total number) | |
| Revenue | | | | | | |
| leč | 1 | Gross receipts | 73,355. | | | 73,355. |
| " | | | | | | |
| | 2 | Less: Contributions | 7,846. | | | 7,846. |
| | | | | | | |
| | 3 | Gross income (line 1 minus line 2) | 65,509. | | | 65,509. |
| | | Orah mina | | | | |
| | 4 | Cash prizes | | | | |
| | _ | | | | | |
| ം | 5 | Noncash prizes | | | | |
| Direct Expenses | ~ | Pont/facility costs | | | | |
| per | 6 | Rent/facility costs | | | | |
| Ê | 7 | Food and however | | | | |
| irec | ' | Food and beverages | | | | |
| | • | Entortoinmont | | | | |
| | 0 | Entertainment | | | | 65,509. |
| | 9 10 | Other direct expenses Direct expense summary. Add lines 4 through | · · · · · · · · · · · · · · · · · · · | | | 65,509. |
| | 11 | | | | | 0. |
| Pa | | | | 990 Part IV line 19 or | | |
| | | \$15,000 on Form 990-EZ, line 6a. | | | | |
| | | • · · · · · · · · · · · · · · · · · · · | | (b) Pull tabs/instant | | (d) Total gaming (add |
| Ine | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c)) |
| Revenue | | | | | | |
| щ | 1 | Gross revenue | | | | |
| | | | | | | |
| | 2 | Cash prizes | | | | |
| ses | | • | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Щ | | | | | | |
| Tec. | 4 | Rent/facility costs | | | | |
| ē | | | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No | No | No | |
| | | | | | | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | | |
| | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | ' from line 1, column (d) | | | |
| | | | | | | |
| 9 | En | ter the state(s) in which the organization condu | ucts gaming activities: | | | |
| а | ls ' | the organization licensed to conduct gaming a | ctivities in each of these s | states? | | Yes No |
| b | lf ' | 'No," explain: | | | | |
| | | | | | | |
| | _ | | | | | |
| | | ere any of the organization's gaming licenses re | | | year? | Yes No |
| b | lf ' | 'Yes," explain: | | | | |
| | _ | | | | | |
| | | | | | | |
| | | 9-13-23 | | | Sche | edule G (Form 990) 2023 |
| 33208 | 2 0 | 0 10 20 | | | | |

| es the organization conduct gaming activities with nonmembers? ne organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed dminister charitable gaming? cate the percentage of gaming activity conducted in: | Yes | |
|---|--|----------|
| dminister charitable gaming? | Yes | |
| | Yes | |
| | | |
| | | |
| organization's facility | 13a | |
| outside facility | 13b | |
| er the name and address of the person who prepares the organization's gaming/special events books and records: | | |
| ne | | |
| | | |
| es the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | |
| | | |
| | | |
| | | |
| 'es," enter name and address of the third party: | | |
| ne | | |
| lress | | |
| ning manager information: | | |
| | | |
| ne | | |
| ning manager compensation \$ | | |
| | | |
| Director/officer Employee Independent contractor | | |
| adatory distributions: | | |
| | | |
| | Yes | |
| | | |
| | | |
| | t III, lines 9, | 9b, 10b, |
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| 13-23 Schedu | le G (Form | 990) 202 |
| de YSY ndnns – – "rhate | Yes," enter the amount of gaming revenue received by the organization \$ and the amount gaming revenue retained by the third party \$ me reter name and address of the third party: me dress ming manager information: me ming manager compensation \$ ming ming manager compensation \$ ming ming ming ming ming ming ming ming | dress |

| Schedule G | (Form 990) Supplemental | MONTGOMERY Information (continued) | HOUSING | PARTNERSHIP, | INC. | 52-1631939 | Page 4 |
|----------------|----------------------------|---------------------------------------|---------|--------------|------|---------------|---------------|
| 1 di ti i | oupplemental | (continuea) | | | | | |
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| | | | | | | Schedule G (F | orm 990) |
| 332084 04-01-; | 23 | | 3 | 7 | | | |

17231115 147227 8001495-0036158.0990 2023.05000 MONTGOMERY HOUSING PARTNE 80014951

| SCHEDULE | Compensation Information | 1 | OMB No. 1 | 545-004 | 47 |
|--|---|------------|--------------|----------------|------|
| (Form 990) | - | | 0000 | | |
| · , | Compensated Employees | | 20 | ZJ | j – |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. | | Open to | Publ | ic |
| Department of the Tre Internal Revenue Serv | | | Inspe | | |
| Name of the org | | Employer i | dentificatio | on nui | mber |
| | MONTGOMERY HOUSING PARTNERSHIP, INC. | 52-1 | 63193 | 9 | |
| Part I Qu | stions Regarding Compensation | - | | | |
| | | | | Yes | No |
| 1a Check the | propriate box(es) if the organization provided any of the following to or for a person listed on Form | 990, | | | |
| Part VII, Se | ion A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | | |
| | ss or charter travel Housing allowance or residence for perso | nal use | | | |
| Trave | or companions | sidence | | | |
| | emnification and gross-up payments Health or social club dues or initiation fee | S | | | |
| | onary spending account Personal services (such as maid, chauffer | ur, chef) | | | |
| | | | | | |
| b If any of th | poxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | | |
| - | | | 1b | | |
| | nization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | | |
| | officers, including the CEO/Executive Director, regarding the items checked on line 1a? | | 2 | | |
| | | | | | |
| 3 Indicate wi | h, if any, of the following the organization used to establish the compensation of the organization's | 6 | | | |
| CEO/Exec | ve Director. Check all that apply. Do not check any boxes for methods used by a related organizati | on to | | | |
| | npensation of the CEO/Executive Director, but explain in Part III. | | | | |
| | nsation committee Written employment contract | | | | |
| | dent compensation consultant I Compensation survey or study | | | | |
| | 0 of other organizations I Approval by the board or compensation of | ommittee | | | |
| | | | | | |
| 4 During the | ear, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | | |
| organizatio | or a related organization: | | | | |
| a Receive a | verance payment or change-of-control payment? | | 4a | | X |
| b Participate | or receive payment from a supplemental nonqualified retirement plan? | | 4b | | X |
| c Participate | or receive payment from an equity-based compensation arrangement? | | 4c | | X |
| If "Yes" to | y of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | | |
| | | | | | |
| | 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | | |
| 5 For person | isted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | on | | | |
| - | n the revenues of: | | | | |
| | tion? | | | | X |
| | rganization? | | 5 b | | X |
| | ne 5a or 5b, describe in Part III. | | | | |
| | isted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | n | | | |
| - | n the net earnings of: | | | | |
| | tion? | | | | X |
| | organization? | | 6b | | X |
| | ne 6a or 6b, describe in Part III. | | | | |
| | isted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | | |
| | d on lines 5 and 6? If "Yes," describe in Part III | | 7 | | X X |
| | ounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | ne | | | |
| | | | 8 | | X |
| | ne 8, did the organization also follow the rebuttable presumption procedure described in | | | | |
| | section 53.4958-6(c)? | | | | |
| For Paperwork | eduction Act Notice, see the Instructions for Form 990. | Sched | lule J (Forn | n 990) | 2023 |

LHA 332111 11-06-23

17231115 147227 8001495-0036158.0990 2023.05000 MONTGOMERY HOUSING PARTNE 80014951

Schedule J (Form 990) 2023

52-1631939

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.

| | | (B) Breakdown of W | -2 and/or 1099-MIS0 compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|-------------------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) ROBERT GOLDMAN | (i) | 290,718. | 18,000. | 0. | 12,570. | 32,749. | 354,037. | 0. |
| PRESIDENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) STEPHANIE MURDOCK ROODMAN | (i) | 173,721. | 3,500. | 0. | 7,390. | 32,259. | 216,870. | 0. |
| DIRECTOR OF REAL ESTATE | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) JENNIFER RUDOLPH | (i) | 192,895. | 3,000. | 0. | 0. | 1,175. | 197,070. | 0. |
| CFO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) WILLIAM HIGHSMITH, JR | (i) | 165,467. | 3,000. | 0. | 0. | 18,879. | 187,346. | 0. |
| VP OF OPERATIONS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) EVA DILLON | (i) | 139,041. | 3,500. | 0. | 5,908. | 23,372. | 171,821. | 0. |
| DIRECTOR OF ADVANCEMENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) ASHISH BHATIA | (i) | 132,611. | 3,000. | 0. | 5,420. | 22,329. | 163,360. | 0. |
| DIRECTOR OF ASSET MANAGEMENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) SULEMA MIDDLETON STEWART | (i) | 152,249. | 3,500. | 0. | 6,230. | 1,175. | 163,154. | 0. |
| VP OF COMMUNITY LIFE | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) JOHN POYER | (i) | 128,116. | 3,500. | 0. | 5,399. | 24,845. | 161,860. | 0. |
| SR. PROJECT MANAGER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |

MONTGOMERY HOUSING PARTNERSHIP, INC. Schedule J (Form 990) 2023

Part III Supplemental Information

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

Schedule J (Form 990) 2023

| Schedule 1 (Form 990) 2023 |
|--------------------------------|

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.



Name of the organization

MONTGOMERY HOUSING PARTNERSHIP, INC.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE: ASSET MANAGEMENT, AND NEIGHBORHOOD DEVELOPMENT. PROJECT DEVELOPMENT. DURING THE YEAR, MHP RESOURCES WERE DEVOTED PRIMARILY TO: DEVELOPING AND DIRECTING RENOVATION/CONSTRUCTION OF AFFILIATED ENTITIES' APARTMENT HOUSING PROJECTS TARGETED FOR LOW-INCOME RESIDENTS. PROVIDING ASSET MANAGEMENT SERVICES FOR AFFILIATED ENTITIES' RESIDENTIAL, LOW-INCOME INCLUDING OVERSIGHT OF RENTAL OPERATIONS AND REAL ESTATE PROPERTIES, MONITORING TO CONTINUALLY IMPROVE THE PROPERTIES' CONDITIONS. PROVIDING, AT LOW-INCOME RESIDENTIAL PROPERTY SITES OF AFFILIATED ENTITIES, COMMUNITY LIFE PROGRAMS INCLUDING AN AFTER-SCHOOL HOMEWORK CLUB, TEEN CLUB, PRESCHOOL PROGRAM, SUMMER ENRICHMENT PROGRAM, ADULT AND ENGLISH LANGUAGE LESSONS FOR THE LARGELY COMPUTER CLASSES, IMMIGRANT POPULATION. COMMUNITY-WIDE HEALTH FAIRS FOR THE RESIDENTS ARE HELD PERIODICALLY AT THE PROPERTY SITES THAT ATTRACTS VAST ATTENDANCE AND COMMUNITY SUPPORT. EXTENDING THE AFFORDABILITY OF PREVIOUSLY OWNED MODERATELY PRICED DWELLING UNITS (MPDUS) BY PURCHASING, IMPROVING, AND RESELLING THESE UNITS TO FAMILIES AND INDIVIDUALS AT OR BELOW 60% OF OR ADDING THE PURCHASED UNIT TO AN AFFILIATED THE AREA MEDIAN INCOME, ORGANIZATION'S PORTFOLIO OF MPDUS HELD FOR RENTAL TO LOW-INCOME INDIVIDUALS IN THE MPDU PROGRAM. CONTINUING THE NEIGHBORHOOD REVITALIZATION PROGRAM IN EAST SILVER SPRING WHERE MHP IS WORKING WITH AN UMBRELLA ORGANIZATION OF CIVIC ASSOCIATIONS AS WELL AS INDIVIDUAL NEIGHBORHOOD ORGANIZATIONS TO IMPROVE AFFORDABLE HOUSING AND STRENGTHEN NEIGHBORHOODS.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.LHA332211 11-14-23

Schedule O (Form 990) 2023

| Schedule O (Form 990) 2023 | Page 2 |
|---|--------------------------------|
| Name of the organization | Employer identification number |
| MONTGOMERY HOUSING PARTNERSHIP, INC. | 52-1631939 |
| | |
| FORM 990, PART VI, SECTION B, LINE 11B: | |
| | |

THE AUDIT COMMITTEE, REPRESENTING THE ORGANIZATION'S GOVERNING BODY, MEETS

TO REVIEW THE FORM 990, AND APPROVES IT FOR FILING.

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

THE ORGANIZATION MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF

INTEREST POLICY BY:

- REVIEWING THE CONFLICT OF INTEREST QUESTIONNAIRE COMPLETED BY EMPLOYEES.

- RECEIVING DISCLOSURES OF PROPOSED COVERED TRANSACTIONS.

- REVIEWING THE PROPOSED COVERED TRANSACTIONS TO DETERMINE WHETHER THEY

MEET THE STANDARDS DEFINED IN THE CONFLICT OF INTEREST POLICY.

- MAINTAINING MINUTES AND SUCH OTHER DOCUMENTATION THAT IS NECESSARY AND

APPROPRIATE TO DOCUMENT ITS REVIEW OF COVERED TRANSACTIONS.

- REVIEWING THE OPERATION OF THE CONFLICT OF INTEREST POLICY AND MAKING

CHANGES FROM TIME TO TIME AS IT'S DEEMED APPROPRIATE.

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

COMPENSATION IS DETERMINED BY SALARY SURVEYS AND PERIODIC BUDGET ANALYSIS. SALARY SURVEYS COMPLETED BY THE HOUSING ASSOCIATION ARE REVIEWED TO COMPARE THE ORGANIZATION'S SALARIES WITH OTHER NON-PROFITS IN SIMILAR LOCATIONS AND INDUSTRIES. BUDGETS AND MARKET CONDITIONS ARE PERIODICALLY REVIEWED TO ENSURE THAT INCREASES ARE APPROPRIATE. SALARIES FOR ALL EMPLOYEES ARE APPROVED BY THE PRESIDENT OF THE ORGANIZATION. THE PRESIDENT'S SALARY IS APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. 332212 11-14-23 Schedule O (Form 990) 2023 42

| Name of the organization | Employer identification number 52-1631939 |
|---|---|
| MONTGOMERY HOUSING PARTNERSHIP, INC. | 1 27-103133 |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| | 10 100 505 |
| CHANGE IN VALUATION IN INVESTMENT IN SUBSIDIARY | 12,196,585. |
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| 332212 11-14-23 | Schedule O (Form 990) 202 |

SCHEDULE R

(Form 990)

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.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 52 - 1631939

Department of the Treasury Internal Revenue Service

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

Name of the organization

MONTGOMERY HOUSING PARTNERSHIP, INC.

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 |
|---|--------------------------------|---|---------------------|----------------------------------|--|
| | | | | | |
| MHP 610-614 SSA, LLC - 45-4028133 | | | | | |
| 12200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | 6,436. | 2,088,933. | PARTNERSHIP, INC |
| MHP BOWIE MILL LLC - 26-4170632 | | | | | |
| 12200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | | | PARTNERSHIP, INC |
| MHP CRESCENT PARK, LLC - 85-2499443 | | | | | |
| 12200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | -85,462. | 13,552,114. | PARTNERSHIP, INC |
| MHP EARLE MANOR, LLC - 88-0571768 | | | | | |
| 12200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | | | PARTNERSHIP, INC |

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 | (f) Direct controlling entity | cont | g) 512(b)(13) rolled tity? |
|--|--------------------------------|---|-------------------------------|--|-------------------------------------|------|--|
| | | | | 501(c)(3)) | | Yes | No |
| MHP BEALLS, INC 20-5038795 | | | | | MONTGOMERY | | |
| 12200 TECH ROAD, SUITE 250 | | | | | HOUSING | | |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | 501(C)(3) | LINE 12A, I | PARTNERSHIP, INC | X | |
| MHP DRHC, INC 14-1855665 | | | | | MONTGOMERY | | |
| 12200 TECH ROAD, SUITE 250 | | | | | HOUSING | | |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | 501(C)(3) | LINE 12A, I | PARTNERSHIP, INC | x | |
| MHP EDINBURGH HOUSE INC - 52-1937891 | | | | | MONTGOMERY | | |
| 12200 TECH ROAD, SUITE 250 | | | | | HOUSING | | |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | 501(C)(3) | LINE 12A, I | PARTNERSHIP, INC | x | |
| MHP GREAT HOPE HOMES, INC 52-2298864 | | | | | MONTGOMERY | | |
| 12200 TECH ROAD, SUITE 250 | | | | | HOUSING | | |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | 501(C)(3) | LINE 12A, I | PARTNERSHIP, INC | x | |

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

Schedule R (Form 990) 2023

Part I Continuation of Identification of Disregarded Entities

| (a) Name, address, and EIN 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 |
|--|--------------------------------|---|----------------------------|----------------------------------|--|
| MHP FLOWER-MAPLE, LLC - 20-8818942 | | | | | |
| 12200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | 96,967. | 3,031,334. | PARTNERSHIP, INC |
| MHP FOREST GLEN, LLC - 81-0732500 | | | | | |
| 12200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | -25,727. | 1,531,282. | PARTNERSHIP, INC |
| HP FRANKLIN LLC - 88-0635259 | | | | | |
| 12200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | 1,483,418. | 36,757,098. | PARTNERSHIP, INC |
| MHP HILLBROOKE TOWERS, LLC - 81-0722050 | | | | | |
| 2200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| ILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | ٥. | ٥. | PARTNERSHIP, INC |
| THP HILLWOOD MANOR, LLC - 81-0718320 | | | | | |
| 2200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | -29,688. | 707,892. | PARTNERSHIP, INC |
| HP MINORITY OWNER LLC | | | | | |
| 2200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | | | PARTNERSHIP, INC |
| HP MPDU RESALE, INC 27-4699245 | | | | | |
| 2200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| ILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | | | PARTNERSHIP, INC |
| HP NORTH FREDERICK AVENUE, LLC - 46-1323360 | | | | | |
| 2200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| ILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | 78,834. | 1,348,184. | PARTNERSHIP, INC |
| HP PARKVIEW TOWERS, LLC - 24-4112313 | | | | | |
| 2200 TECH ROAD, SUITE 250 | 7 | | | | MONTGOMERY HOUSING |
| ILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | -154,185. | 2,727,128. | PARTNERSHIP, INC |
| HP ROLLINGWOOD GP LLC - 88-4355055 | | | | | |
| 2200 TECH ROAD, SUITE 250 | 7 | | | | MONTGOMERY HOUSING |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | | | PARTNERSHIP, INC |

Part I Continuation of Identification of Disregarded Entities

| (a) Name, address, and EIN 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 |
|--|--------------------------------|--|----------------------------|----------------------------------|--|
| MHP ROLLINGWOOD LP LLC - 88-4369522 | | | | | |
| 12200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | | | PARTNERSHIP, INC |
| MHP RW APARTMENTS GP LLC | | | | | |
| 12200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | | | PARTNERSHIP, INC |
| MHP WORTHINGTON WOODS LLC - 83-4658186 | | | | | |
| 12200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | 1,303,424. | 107,168. | PARTNERSHIP, INC |
| PARKVIEW MANOR, LP - 54-1867624 | | | | | |
| 12200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | | | PARTNERSHIP, INC |
| MHP NORTH FREDERICK MM LLC - 92-2128784 | | | | | |
| 12200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | | | PARTNERSHIP, INC |
| MHP NEBEL 4 LLC - 93-1802826 | | | | | |
| 12200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | | | PARTNERSHIP, INC |
| MHP NEBEL 4 MM LLC - 93-1707081 | | | | | |
| 12200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | | | PARTNERSHIP, INC |
| MHP NEBEL 9 LLP - 93-1775955 | | | | | |
| 12200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | | | PARTNERSHIP, INC |
| MHP NEBEL 9 MM LLC - 93-1678029 | | | | | |
| 12200 TECH ROAD, SUITE 250 | | | | | MONTGOMERY HOUSING |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | | | PARTNERSHIP, INC |
| | _ | | | | |

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (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 | (f) Direct controlling entity | | g) 512(b)(13) rolled zation? |
|--|---|---|-------------------------------|---|--|-----|--|
| | | | | 501(c)(3)) | | Yes | No |
| MHP LANDING'S EDGE, INC 52-2063810 | | | | | MONTGOMERY | | |
| 12200 TECH ROAD, SUITE 250 | | | | | HOUSING | | |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | 501(C)(3) | LINE 12A, I | PARTNERSHIP, INC | Х | |
| MHP MPDU RENTAL, INC 27-4584922 | | | | | MONTGOMERY | | |
| 12200 TECH ROAD, SUITE 250 | | | | | HOUSING | | |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | 501(C)(3) | LINE 12A, I | PARTNERSHIP, INC | X | |
| MHP SCATTERED SITE, INC 52-1797072 | | | | | MONTGOMERY | | |
| 12200 TECH ROAD, SUITE 250 | | | | | HOUSING | | |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | 501(C)(3) | LINE 12A, I | PARTNERSHIP, INC | X | |
| MHP TOWN CENTRE, INC 52-1799708 | | | | | MONTGOMERY | | |
| 12200 TECH ROAD, SUITE 250 | | | | | HOUSING | | |
| SILVER SPRING, MD 20904 | AFFORDABLE HOUSING | MARYLAND | 501(C)(3) | LINE 12A, I | PARTNERSHIP, INC | X | |
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52-1631939 Page 2

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) | (b) | (c) | (d) | (e) | (f) | (g) | () | h) | (i) | (j) | (k) |
|--|------------------|---|------------------------------|---|-----------------------|-----------------------------------|-------------------|---------------------|---|-------------------|------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year assets | Disprop alloca | ortionate tions? | Code V-UBI amount in box 20 of Schedule | managing partner? | |
| | | country) | | sections 512-514) | | 400010 | Yes | No | K-1 (Form 1065) | Yes No | , |
| 515 THAYER LLC - 85-3695009 | _ | | | | | | | | | | |
| 12200 TECH ROAD, SUITE 250 | AFFORDABLE | | | | | | | | | | |
| SILVER SPRING, MD 20904 | HOUSING | MD | N/A | N/A | N/A | N/A | | х | N/A | X | N/A |
| BEALL'S GRANT APARTMENTS, LLC | | | | | | | | | | | |
| - 81-2194879, 12200 TECH | | | | | | | | | | | |
| ROAD, SUITE 250, SILVER | AFFORDABLE | | | | | | | | | | |
| SPRING, MD 20904 | HOUSING | MD | N/A | N/A | N/A | N/A | | x | N/A | X | N/A |
| BLAIR PARK APARTMENTS, LP - | | | | | | | | | | | |
| 52-2341501, 12200 TECH ROAD, | | | MHP BLAIR PARK | | | | | | | | |
| SUITE 250, SILVER SPRING, MD | AFFORDABLE | | APARTMENTS, | | | | | | | | |
| 20904 | HOUSING | MD | INC. | | | 4,055,484. | | x | N/A | X | 100% |
| GREAT HOPE HOMES 2001, LP - | | | MONTGOMERY | | | | | | | | |
| 52-2320420, 12200 TECH ROAD, | | | HOUSING | | | | | | | | |
| SUITE 250, SILVER SPRING, MD | AFFORDABLE | | PARTNERSHIP, | | | | | | | | |
| 20904 | HOUSING | MD | INC | | | 7,876,063. | | x | N/A | x | 100% |

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 | (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 | 512(cont | (i) ction (b)(13) trolled tity? |
|--|--------------------------------|---|--|--|--|---|--------------------------------|--------------|---|
| | | country) | | or trusty | | 235013 | | Yes | No |
| 515 THAYER MM LLC - 85-3711529 | | | MONTGOMERY | | | | | | |
| 12200 TECH ROAD, SUITE 250 | INVESTMENT IN | | HOUSING | | | | | | |
| SILVER SPRING, MD 20904 | PARTNERSHIP | MD | PARTNERSHIP, | C CORP | 0. | 1,441. | 100% | X | |
| BGA MM, LLC - 81-2217135 | | | MONTGOMERY | | | | | | |
| 12200 TECH ROAD, SUITE 250 | INVESTMENT IN | | HOUSING | | | | | | |
| SILVER SPRING, MD 20904 | PARTNERSHIP | MD | PARTNERSHIP, | C CORP | 0. | 1,422. | 100% | X | |
| MHP ART, LLC - 82-1264009 | | | MONTGOMERY | | | | | | |
| 12200 TECH ROAD, SUITE 250 | INVESTMENT IN | | HOUSING | | | | | | |
| SILVER SPRING, MD 20904 | PARTNERSHIP | MD | PARTNERSHIP, | C CORP | 1. | 757,409. | 100% | X | |
| MHP BLAIR PARK APARTMENTS, INC 52-2341500 | | | MONTGOMERY | | | | | | |
| 12200 TECH ROAD, SUITE 250 | INVESTMENT IN | | HOUSING | | | | | | |
| SILVER SPRING, MD 20904 | PARTNERSHIP | MD | PARTNERSHIP, | C CORP | 0. | 314,977. | 100% | x | |
| MHP COLONNADE MM, LLC - 87-1678530 | | | MONTGOMERY | | | | | | |
| 12200 TECH ROAD, SUITE 250 | INVESTMENT IN | | HOUSING | | | | | | |
| SILVER SPRING, MD 20904 | PARTNERSHIP | MD | PARTNERSHIP, | C CORP | 1. | 3,435. | 100% | x | |

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h | - | (i) | (j) | (k) |
|---|------------------|---|------------------------------|---|--------------------------|-----------------------------------|-----------------------|----|---|------------------------------------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year assets | Disprop ate alloca | | Code V-UBI amount in box 20 of Schedule | General or managing partner? | Percentage ownership |
| | | country) | | sections 512-514) | | | Yes | No | | Yes No | |
| GREENWOOD TERRACE APARTMENTS, | | | | | | | | | | | |
| LP - 52-2341499, 12200 TECH | | | | | | | | | | | |
| ROAD, SUITE 250, SILVER | AFFORDABLE | | | | | | | | | | |
| SPRING, MD 20904 | HOUSING | MD | N/A | N/A | N/A | N/A | | X | N/A | X | N/A |
| MHP COLONNADE, LLC - | | | | | | | | | | | |
| 87-1725107, 12200 TECH ROAD, | | | | | | | | | | | |
| SUITE 250, SILVER SPRING, MD | AFFORDABLE | | | | | | | | | | |
| 20904 | HOUSING | MD | N/A | N/A | N/A | N/A | | X | N/A | X | N/A |
| MHP EDINBURGH HOUSE, LP - | | | | | | | | | | | |
| 27-5007345, 12200 TECH ROAD, | | | | | | | | | | | |
| SUITE 250, SILVER SPRING, MD | AFFORDABLE | | | | | | | | | | |
| 20904 | HOUSING | MD | N/A | N/A | N/A | N/A | | Х | N/A | X | N/A |
| MHP FOREST GLEN 4 LP - | | | | | | | | | | | |
| 92-0262211, 12200 TECH ROAD, | | | | | | | | | | | |
| SUITE 250, SILVER SPRING, MD | AFFORDABLE | | MHP FOREST | | | | | | | | |
| 20904 | HOUSING | MD | GLEN 4 GP, LLC | | | 0. | | Х | N/A | x | 100% |
| MHP FOREST GLEN 9 LP - | | | | | | | | | | | |
| 88-4103282, 12200 TECH ROAD, | | | | | | | | | | | |
| SUITE 250, SILVER SPRING, MD | AFFORDABLE | | MHP FOREST | | | | | | | | |
| 20904 | HOUSING | MD | GLEN 9 GP, LLC | | | 0. | | Х | N/A | x | 100% |
| MHP HALPINE HAMLET, LP - | | | | | | | | | | | |
| 45-4028133, 12200 TECH ROAD, | | | | | | | | | | | |
| SUITE 250, SILVER SPRING, MD | AFFORDABLE | | | | | | | | | | |
| 20904 | HOUSING | MD | N/A | N/A | N/A | N/A | | х | N/A | x | N/A |
| MHP MAPLE TOWERS, LLC - | | | | | | | | | | | |
| 26-3740805, 12200 TECH ROAD, | | | | | | | | | | | |
| SUITE 250, SILVER SPRING, MD | AFFORDABLE | | | | | | | | | | |
| 20904 | HOUSING | MD | N/A | N/A | N/A | N/A | | х | N/A | x | N/A |
| MHP PARKVIEW MANOR LLC - | | | | | | | | | | | |
| 82-1234215, 12200 TECH ROAD, | | | | | | | | | | | |
| SUITE 250, SILVER SPRING, MD | AFFORDABLE | | | | | | | | | | |
| 20904 | HOUSING | MD | N/A | N/A | N/A | N/A | | х | N/A | x | N/A |
| MHP PARKVIEW TOWERS, LP - | | | | | | | | | | | |
| 46-1104322, 12200 TECH ROAD, | 1 | | | | | | | | | | |
| SUITE 250, SILVER SPRING, MD | AFFORDABLE | | | | | | | | | | |
| 20904 | HOUSING | MD | N/A | N/A | N/A | N/A | | x | N/A | x | N/A |

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

| (a) Name, address, and EIN | (b) Primary activity | (c) Legal domicile | (d) Direct controlling | (e) Predominant income (related, unrelated, | (f) Share of total | (g) Share of | (r Disprop | oortion- | (i) Code V-UBI amount in box | (j) General or managing | (k) Percentage |
|-------------------------------|--------------------------------|--------------------------|---------------------------|---|------------------------------|------------------------|-----------------------|----------|------------------------------------|-------------------------------|--------------------------|
| of related organization | | (state or foreign | entity | excluded from tax under | income | end-of-year assets | ate alloc | | 20 of Schedule | partner? | ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes No | |
| MHP TPP, LLC - 20-4864851 | - | | | | | | | | | | |
| 12200 TECH ROAD, SUITE 250 | AFFORDABLE | | мнр такома, | | | | | | | | |
| SILVER SPRING MD 20904 | HOUSING | MD | INC. | | | 9,280,379. | | x | N/A | x | 100% |
| PEMBRIDGE SQUARE APARTMENTS | | | | | | , , , - | | | | | |
| LP - 77-0597583, 12200 TECH | 1 | | | | | | | | | | |
| ROAD, SUITE 250, SILVER | AFFORDABLE | | | | | | | | | | |
| SPRING, MD 20904 | HOUSING | MD | N/A | N/A | N/A | N/A | | x | N/A | x | N/A |
| ROLLINGWOOD VENTURE LP - | | | | | · | | | | | | |
| 92-1227137, 12200 TECH ROAD, | 1 | | MHP | | | | | | | | |
| SUITE 250, SILVER SPRING, MD | AFFORDABLE | | ROLLINGWOOD GP | | | | | | | | |
| 20904 | HOUSING | MD | LLC | | | | | x | N/A | x | 100% |
| ROLLINGWOOD VENTURE II LP - | | | | | | | | | | | |
| 88-4369590, 12201 TECH ROAD, | 1 | | MHP RW | | | | | | | | |
| SUITE 250, SILVER SPRING, MD | AFFORDABLE | | APARTMENTS GP | | | | | | | | |
| 20905 | HOUSING | MD | LLC | | | 0. | | x | N/A | x | 100% |
| SILVER SPRING LIBRARY | | | | | | | | | | | |
| RESIDENCES, LP - 46-1794725, | 1 | | | | | | | | | | |
| 12200 TECH ROAD, SUITE 250, | AFFORDABLE | | | | | | | | | | |
| SILVER SPRING, MD 20904 | HOUSING | MD | N/A | N/A | N/A | N/A | | x | N/A | x | N/A |
| MHP WW APARTMENTS LLC - | | | | | | | | | | | |
| 88-2170242, 12200 TECH ROAD, | | | | | | | | | | | |
| SUITE 250, SILVER SPRING, MD | AFFORDABLE | | | | | | | | | | |
| 20904 | HOUSING | MD | N/A | N/A | N/A | N/A | | х | N/A | X | N/A |
| MHP NORTH FREDERICK OWNER LLC | | | | | | | | | | | |
| - 92-2149490, 12201 TECH | | | | | | | | | | | |
| ROAD, SUITE 250, SILVER | AFFORDABLE | | | | | | | | | | |
| SPRING, MD 20905 | HOUSING | MD | N/A | N/A | N/A | N/A | | x | N/A | X | N/A |
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Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

| (a) Name, address, and EIN of related organization | (b) Primary activity | (C) Legal domicile (state or foreign | (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 | Sec 512(cont | (i) ction b)(13) rolled tity? |
|--|--------------------------------|---|-------------------------------------|--|--|---|---------------------------------------|---------------------|---|
| | | country) | | or trusty | | 233613 | | Yes | No |
| MHP EDH, INC - 27-4576093 | | | MONTGOMERY | | | | | | |
| 12200 TECH ROAD, SUITE 250 | INVESTMENT IN | | HOUSING | | | | | | |
| SILVER SPRING, MD 20904 | PARTNERSHIP | MD | PARTNERSHIP, | C CORP | 1. | 186,705. | 100% | X | |
| MHP GREENWOOD TERRACE, INC 52-2341497 | | | MONTGOMERY | | | | | | |
| 12200 TECH ROAD, SUITE 250 | INVESTMENT IN | | HOUSING | | | | | | |
| SILVER SPRING, MD 20904 | PARTNERSHIP | MD | PARTNERSHIP, | C CORP | 7. | 82,420. | 100% | X | |
| MHP HALPINE, INC 45-2601960 | | | MONTGOMERY | | | | | | |
| 12200 TECH ROAD, SUITE 250 | INVESTMENT IN | | HOUSING | | | | | | |
| SILVER SPRING, MD 20904 | PARTNERSHIP | MD | PARTNERSHIP, | C CORP | 2. | 910,474. | 100% | x | |
| MHP MAPLE TOWERS, INC 27-4449147 | | | MONTGOMERY | | | | | | |
| 12200 TECH ROAD, SUITE 250 | INVESTMENT IN | | HOUSING | | | | | | |
| SILVER SPRING, MD 20904 | PARTNERSHIP | MD | PARTNERSHIP, | C CORP | ٥. | 125,017. | 100% | x | |
| MHP PARKVIEW TOWERS, INC 46-1093303 | | | MONTGOMERY | | | | | | |
| 12200 TECH ROAD, SUITE 250 | INVESTMENT IN | | HOUSING | | | | | | |
| SILVER SPRING, MD 20904 | PARTNERSHIP | MD | PARTNERSHIP, | C CORP | 3. | 2,875,144. | 100% | x | |
| MHP PEMBRIDGE, INC 33-1053892 | | | MONTGOMERY | | | | | | |
| 12200 TECH ROAD, SUITE 250 | INVESTMENT IN | | HOUSING | | | | | | |
| SILVER SPRING, MD 20904 | PARTNERSHIP | MD | PARTNERSHIP, | C CORP | 21. | 309,167. | 100% | x | |
| MHP SSLR, INC - 46-4241655 | | | MONTGOMERY | | | | | | |
| 12200 TECH ROAD, SUITE 250 | INVESTMENT IN | | HOUSING | | | | | | |
| SILVER SPRING, MD 20904 | PARTNERSHIP | MD | PARTNERSHIP, | C CORP | 2. | 979,036. | 100% | | x |
| MHP TAKOMA, INC 26-2700739 | | | MONTGOMERY | | | | | | |
| 12200 TECH ROAD, SUITE 250 | INVESTMENT IN | | HOUSING | | | | | | |
| SILVER SPRING, MD 20904 | PARTNERSHIP | MD | PARTNERSHIP, | C CORP | 44. | 926. | 100% | | x |
| WORTHINGTON WOODS MM LLC - 92-2128784 | | | MONTGOMERY | | | | | | |
| 12200 TECH ROAD, SUITE 250 | INVESTMENT IN | | HOUSING | | | | | | |
| SILVER SPRING, MD 20904 | PARTNERSHIP | MD | PARTNERSHIP, | C CORP | ٥. | 0. | 100% | | x |
| MHP FOREST GLEN 4 GP LLC - 88-4094317 | | | MONTGOMERY | | | | | | |
| 12200 TECH ROAD, SUITE 250 | INVESTMENT IN | | HOUSING | | | | | | |
| SILVER SPRING, MD 20904 | PARTNERSHIP | MD | PARTNERSHIP, | C CORP | 22. | 9,778,476. | 100% | | x |
| MHP FOREST GLEN 9 GP LLC - 92-0247684 | | | MONTGOMERY | | | | | | |
| 12200 TECH ROAD, SUITE 250 | INVESTMENT IN | | HOUSING | | | | | | |
| SILVER SPRING, MD 20904 | PARTNERSHIP | MD | PARTNERSHIP, | C CORP | Ο. | 3,394,835. | 100% | | x |
| | _ | | | | | · · | | | |

Schedule R (Form 990) 2023 MONTGOMERY HOUSING PARTNERSHIP, INC.

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

| ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | Yes | s N |
|---|------------|-----|---------|
| During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | |
| b Gift, grant, or capital contribution to related organization(s) | | X | |
| c Gift, grant, or capital contribution from related organization(s) | | | |
| d Loans or loan guarantees to or for related organization(s) | | X | |
| e Loans or loan guarantees by related organization(s) | | | |
| f Dividends from related organization(s) | <u>1f</u> | | _ |
| g Sale of assets to related organization(s) | | | \perp |
| h Purchase of assets from related organization(s) | 1 h | | |
| i Exchange of assets with related organization(s) | | | |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | + |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | | |
| 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) | 1m | | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1 n | | |
| Sharing of paid employees with related organization(s) | _ | | + |
| Reimbursement paid to related organization(s) for expenses | | x | |
| Reimbursement paid by related organization(s) for expenses | | X | _ |
| Other transfer of cash or property to related organization(s) | <u>1r</u> | x | |
| s Other transfer of cash or property from related organization(s) | 1s | X | |

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|---|-------------------------------|--|
| (1) GREAT HOPE HOMES 2001, LP | 0 | 0. | Cost |
| (2) MHP SCATTERED SITE, INC. | L | 0. | COST |
| (3) MHP BLAIR PARK APARTMENTS, INC. | L | 0. | СОЅТ |
| (4) MHP DRHC, INC. | L | 0. | соят |
| (5) GREAT HOPE HOMES 2001, LP | L | 0. | соят |
| (6) GREENWOOD TERRACE APARTMENTS, LP | L | 0. | COST |

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

| (a) Name of other organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|---|-------------------------------|--|
| (7) MHP LANDING'S EDGE, INC. | L | 0. | соѕт |
| (8) MHP MAPLE TOWERS, LLC | L | 0. | соят |
| (9) PEMBRIDGE SQUARE APARTMENTS, LP | L | 0. | СОЗТ |
| (10) MHP MPDU RENTAL, INC. | L | 0. | соят |
| (11) MHP SSLR, INC | L | 0. | соят |
| (12) MHP TPP, LLC | L | 0. | соят |
| (13) | | | |
| (14) | | | |
| (15) | | | |
| (16) | | | |
| (17) | | | |
| (18) | | | |
| (19) | | | |
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| (22) | | | |
| (23) | | | |
| (24) | | | |

Schedule R (Form 990) 2023 MONTGOMERY HOUSING PARTNERSHIP, INC.

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are partne 501(org | e all rs sec. c)(3) s.? | (f) Share of total | (g) Share of end-of-year | († Dispr tior alloca | n) opor- nate tions? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) Genera manag partn | (k) ^{Il or} Percentage ^{ing} ownership |
|--|--------------------------------|----------|---|------------------------------|----------------------------------|---------------------------------|---------------------------------------|--------------------------------------|-------------------------------|---|---------------------------------|---|
| | | country) | sections 512-514) | Yes | | | assets | Yes | No | (Form 1065) | Yes | 10 |
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Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 MONTGOMERY HOUSING PARTNERSHIP, INC. 52–1631939 Page 5 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:

GREAT HOPE HOMES 2001, LP

DIRECT CONTROLLING ENTITY: MONTGOMERY HOUSING PARTNERSHIP, INC

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

515 THAYER MM LLC

DIRECT CONTROLLING ENTITY: MONTGOMERY HOUSING PARTNERSHIP, INC.

NAME OF RELATED ORGANIZATION:

BGA MM, LLC

DIRECT CONTROLLING ENTITY: MONTGOMERY HOUSING PARTNERSHIP, INC.

NAME OF RELATED ORGANIZATION:

MHP ART, LLC

DIRECT CONTROLLING ENTITY: MONTGOMERY HOUSING PARTNERSHIP, INC.

NAME OF RELATED ORGANIZATION:

MHP BLAIR PARK APARTMENTS, INC.

DIRECT CONTROLLING ENTITY: MONTGOMERY HOUSING PARTNERSHIP, INC.

NAME OF RELATED ORGANIZATION:

MHP COLONNADE MM, LLC

DIRECT CONTROLLING ENTITY: MONTGOMERY HOUSING PARTNERSHIP, INC.

332165 09-28-23

MONTGOMERY HOUSING PARTNERSHIP, INC. 52-1631939 Page 5 Schedule R (Form 990) 2023 Part VII | Supplemental Information

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

NAME OF RELATED ORGANIZATION:

MHP EDH, INC

DIRECT CONTROLLING ENTITY: MONTGOMERY HOUSING PARTNERSHIP, INC.

NAME OF RELATED ORGANIZATION:

MHP GREENWOOD TERRACE, INC.

DIRECT CONTROLLING ENTITY: MONTGOMERY HOUSING PARTNERSHIP, INC.

NAME OF RELATED ORGANIZATION:

MHP HALPINE, INC.

DIRECT CONTROLLING ENTITY: MONTGOMERY HOUSING PARTNERSHIP, INC.

NAME OF RELATED ORGANIZATION:

MHP MAPLE TOWERS, INC.

DIRECT CONTROLLING ENTITY: MONTGOMERY HOUSING PARTNERSHIP, INC.

NAME OF RELATED ORGANIZATION:

MHP PARKVIEW TOWERS, INC.

DIRECT CONTROLLING ENTITY: MONTGOMERY HOUSING PARTNERSHIP, INC.

NAME OF RELATED ORGANIZATION:

MHP PEMBRIDGE, INC.

DIRECT CONTROLLING ENTITY: MONTGOMERY HOUSING PARTNERSHIP, INC.

NAME OF RELATED ORGANIZATION:

MHP SSLR, INC

DIRECT CONTROLLING ENTITY: MONTGOMERY HOUSING PARTNERSHIP, INC.

332165 09-28-23

Schedule R (Form 990) 2023 MONTGOMERY HOUSING PARTNERSHIP, INC. 52-1631939 Page 5 Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

MHP TAKOMA, INC.

DIRECT CONTROLLING ENTITY: MONTGOMERY HOUSING PARTNERSHIP, INC.

NAME OF RELATED ORGANIZATION:

WORTHINGTON WOODS MM LLC

DIRECT CONTROLLING ENTITY: MONTGOMERY HOUSING PARTNERSHIP, INC.

NAME OF RELATED ORGANIZATION:

MHP FOREST GLEN 4 GP LLC

DIRECT CONTROLLING ENTITY: MONTGOMERY HOUSING PARTNERSHIP, INC.

NAME OF RELATED ORGANIZATION:

MHP FOREST GLEN 9 GP LLC

DIRECT CONTROLLING ENTITY: MONTGOMERY HOUSING PARTNERSHIP, INC.

332165 09-28-23