

**PUBLIC INSPECTION COPY**

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: MONTGOMERY HOUSING PARTNERSHIP, INC.
D Employer identification number: 52-1631939
E Telephone number: (301) 622-2400
G Gross receipts \$: 20,176,543.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.MHPARTNERS.ORG
K Form of organization:
L Year of formation: 1989
M State of legal domicile: MD

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... TO PROVIDE AFFORDABLE HOUSING FOR LOW-INCOME FAMILIES...; 2-7 Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer ROBERT GOLDMAN, PRESIDENT
Date
Paid: Print/Type preparer's name LORI ROTHE YOKOBOSKY, CPA; Preparer's signature LORI ROTHE YOKOBOSKY; Date 11/15/24; PTIN P01273422
Preparer Use Only: Firm's name COHNREZNICK LLP; Firm's address 7501 WISCONSIN AVENUE, SUITE 400E BETHESDA, MD 20814; Firm's EIN 22-1478099; Phone no. 301-652-9100

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ORGANIZATION'S MAIN PURPOSE IS TO PROVIDE FOR LOW-INCOME FAMILIES AFFORDABLE HOUSING, AND IN THOSE COMMUNITIES ENHANCE THE VITALITY OF THESE NEIGHBORHOODS, AND IMPLEMENT COMMUNITY LIFE PROGRAMS FOR THOSE RESIDENTS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4a (Code: ) (Expenses \$ 16,235,847. including grants of \$ ) (Revenue \$ 14,182,347. )

SEE SCHEDULE O

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

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

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

4e Total program service expenses 16,235,847.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 17; 1b Enter the number of voting members included... 17; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JENNIFER RUDOLPH - 301-622-2400
12200 TECH ROAD, SUITE 250, SILVER SPRING, MD 20904

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERT GOLDMAN PRESIDENT	34.00 6.00			X			308,718.	0.	45,319.	
(2) STEPHANIE MURDOCK ROODMAN DIRECTOR OF REAL ESTATE	35.00 0.00				X		177,221.	0.	39,649.	
(3) JENNIFER RUDOLPH CFO	34.00 6.00			X			195,895.	0.	1,175.	
(4) WILLIAM HIGHSMITH, JR VP OF OPERATIONS	35.00 5.00			X			168,467.	0.	18,879.	
(5) EVA DILLON DIRECTOR OF ADVANCEMENT	35.00 0.00				X		142,541.	0.	29,280.	
(6) ASHISH BHATIA DIRECTOR OF ASSET MANAGEMENT	35.00 0.00				X		135,611.	0.	27,749.	
(7) SULEMA MIDDLETON STEWART VP OF COMMUNITY LIFE	35.00 0.00			X			155,749.	0.	7,405.	
(8) JOHN POYER SR. PROJECT MANAGER	35.00 0.00				X		131,616.	0.	30,244.	
(9) NANCY RHYNE ASSET MANAGER	35.00 0.00				X		104,129.	0.	18,808.	
(10) JULIA MORAN MORTON VP OF REAL ESTATE DEVELOPMENT	35.00 0.00			X			60,335.	0.	5,222.	
(11) BILL CALDWELL CHAIR	1.00 1.00	X					0.	0.	0.	
(12) EUGENE COSTA VICE CHAIR	1.00 6.00	X		X			0.	0.	0.	
(13) DEBRA MOSES TREASURER	1.00 1.00	X		X			0.	0.	0.	
(14) JANET BROWN SECRETARY	1.00 0.00	X		X			0.	0.	0.	
(15) CHAD COOLEY BOARD MEMBER	1.00 1.00	X		X			0.	0.	0.	
(16) SARA DAINES BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(17) HELENE GOLDBERG BOARD MEMBER	1.00 1.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NANCY HOLLAND BOARD MEMBER	1.00 3.00	X						0.	0.	0.
(19) MARTIN WHITE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(20) RONNIE JAMISON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) SANDRA JOHNSON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) CHRISTINE KAUFMAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) AUDREY MILLER KING BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(24) OSCAR MONTES BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(25) JEANNE SEGAL BOARD MEMBER	1.00 3.00	X						0.	0.	0.
(26) BRANT SNYDER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,580,282.	0.	223,730.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,580,282.	0.	223,730.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 10

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
HAZEN, INC., 735 8TH STREET SE, SUITE 200, WASHINGTON, DC 20003	PROFESSIONAL SERVICES	186,100.
EJO SOLUTIONS LLC PO BOX 104,, HAYMARKET, VA 20168	IT SERVICES	161,274.
DONALD HAGUE 1009 ORCHARD WAY, SILVER SPRING, MD 20904	PROFESSIONAL SERVICES	138,995.
MARCUM, LLP, 1899 L STREET., NW, SUITE 850, WASHINGTON, DC 20036	HR SERVICES	123,950.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>	7,846.					
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	253,524.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	3,659,039.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$					
	<b>h Total.</b> Add lines 1a-1f .....			3,920,409.				
<b>Program Service Revenue</b>	<b>2 a</b> RENTAL INCOME	<b>Business Code</b>	531110	7,944,988.	7,944,988.			
	<b>b</b> DEVELOPMENT FEES		531110	4,285,426.	4,285,426.			
	<b>c</b> ASSET AND INCENTIVE MANAGEMENT FE		531110	1,638,335.	1,638,335.			
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....			13,868,749.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			2,008,278.			2008278.	
	<b>4</b> Income from investment of tax-exempt bond proceeds							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real					
			(ii) Personal					
	<b>b</b> Less: rental expenses ...	<b>6b</b>						
	<b>c</b> Rental income or (loss)	<b>6c</b>						
	<b>d</b> Net rental income or (loss) .....							
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities					
			(ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>						
	<b>c</b> Gain or (loss) .....	<b>7c</b>						
	<b>d</b> Net gain or (loss) .....							
<b>8 a</b> Gross income from fundraising events (not including \$ 7,846. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		65,509.					
			65,509.					
<b>b</b> Less: direct expenses .....	<b>8b</b>							
<b>c</b> Net income or (loss) from fundraising events .....				0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>							
<b>b</b> Less: direct expenses .....	<b>9b</b>							
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
<b>b</b> Less: cost of goods sold .....	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory .....								
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	<b>Business Code</b>						
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue .....		531110	313,598.	313,598.			
	<b>e Total.</b> Add lines 11a-11d .....			313,598.				
<b>12 Total revenue.</b> See instructions .....			20,111,034.	14182347.	0.	2008278.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,576,961.	946,177.	473,088.	157,696.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	2,882,615.	1,729,569.	864,785.	288,261.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	356,129.	213,677.	106,839.	35,613.
<b>10</b> Payroll taxes .....	373,443.	224,066.	112,033.	37,344.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	243,989.	243,989.		
<b>b</b> Legal .....	14,070.		14,070.	
<b>c</b> Accounting .....	105,800.	63,480.	31,740.	10,580.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	85,007.	51,004.	25,502.	8,501.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	87,057.	55,349.	23,781.	7,927.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,991,283.	1,591,511.	299,829.	99,943.
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....	5,572,635.	5,572,635.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	2,001,067.	1,996,684.	3,272.	1,111.
<b>23</b> Insurance .....	366,598.	364,857.	1,270.	471.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a OPERATING AND MAINT.</b>	1,643,764.	1,640,085.	2,683.	996.
<b>b TAXES</b>	150,896.	150,896.		
<b>c</b> _____				
<b>d</b> _____				
<b>e</b> All other expenses _____	2,319,780.	1,391,868.	695,934.	231,978.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	19,771,094.	16,235,847.	2,654,826.	880,421.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

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

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,111,034.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,771,094.
3	Revenue less expenses. Subtract line 2 from line 1	3	339,940.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,663,465.
5	Net unrealized gains (losses) on investments	5	-122,205.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	765,029.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	12,196,585.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	44,842,814.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2023)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2722008.	3293034.	4649756.	7625052.	3920409.	22210259.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2722008.	3293034.	4649756.	7625052.	3920409.	22210259.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1848436.
<b>6 Public support.</b> Subtract line 5 from line 4.						20361823.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	2722008.	3293034.	4649756.	7625052.	3920409.	22210259.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	679,989.	652,426.	731,624.	6860859.	2008278.	10933176.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....				332,084.	313,598.	645,682.
<b>11 Total support.</b> Add lines 7 through 10						33789117.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	59,940,643.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	60.26	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	61.42	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

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

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

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

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

**Part VI**

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

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization MONTGOMERY HOUSING PARTNERSHIP, INC. Employer identification number 52-1631939

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		13,537,423.		13,537,423.
b Buildings		42,473,348.	3,890,879.	38,582,469.
c Leasehold improvements				
d Equipment		964,272.	236,959.	727,313.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				52,847,205.



**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>INVESTMENT IN SUBSIDIARIES AND AFFILIATES</b>	<b>26,390,947.</b>
(2) <b>RESTRICTED RESERVES</b>	<b>3,589,968.</b>
(3) <b>DEVELOPMENT FEES RECEIVABLE</b>	<b>5,031,357.</b>
(4) <b>CONSTRUCTION IN PROGRESS</b>	<b>3,907,657.</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>38,919,929.</b>

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>TENANT SECURITY DEPOSITS</b>	<b>138,235.</b>
(3) <b>DUE TO/ FROM INTERCOMPANY</b>	<b>156,557.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>294,792.</b>

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

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

**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

**Part XIII** Supplemental Information *(continued)*

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 PERIOD OF THREE YEARS. WHILE NO INCOME TAX  
 RETURNS ARE CURRENTLY BEING EXAMINED BY THE IRS TAX YEARS SINCE 2020  
 REMAIN OPEN.



**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	
Revenue	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.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	65,509.		65,509.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			65,509.
	11	Net income summary. Subtract line 10 from line 3, column (d)			0.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_





**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**MONTGOMERY HOUSING PARTNERSHIP, INC.**

Employer identification number

**52-1631939**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

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

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

Schedule J (Form 990) 2023



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

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

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

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



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

MONTGOMERY HOUSING PARTNERSHIP, INC.

Employer identification number

52-1631939

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

PROJECT DEVELOPMENT, ASSET MANAGEMENT, AND NEIGHBORHOOD 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

REAL ESTATE PROPERTIES, INCLUDING OVERSIGHT OF RENTAL OPERATIONS AND

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

COMPUTER CLASSES, AND ENGLISH LANGUAGE LESSONS FOR THE LARGELY

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

THE AREA MEDIAN INCOME, OR ADDING THE PURCHASED UNIT TO AN AFFILIATED

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.

Name of the organization MONTGOMERY HOUSING PARTNERSHIP, INC.	Employer identification number 52-1631939
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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.

Name of the organization <b>MONTGOMERY HOUSING PARTNERSHIP, INC.</b>	Employer identification number <b>52-1631939</b>
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUATION IN INVESTMENT IN SUBSIDIARY	12,196,585.
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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **MONTGOMERY HOUSING PARTNERSHIP, INC.** Employer identification number **52-1631939**

**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 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND	6,436.	2,088,933.	MONTGOMERY HOUSING PARTNERSHIP, INC
MHP BOWIE MILL LLC - 26-4170632 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND			MONTGOMERY HOUSING PARTNERSHIP, INC
MHP CRESCENT PARK, LLC - 85-2499443 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND	-85,462.	13,552,114.	MONTGOMERY HOUSING PARTNERSHIP, INC
MHP EARLE MANOR, LLC - 88-0571768 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND			MONTGOMERY HOUSING 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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
MHP BEALLS, INC. - 20-5038795 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND	501(C)(3)	LINE 12A, I	MONTGOMERY HOUSING PARTNERSHIP, INC	X	
MHP DRHC, INC. - 14-1855665 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND	501(C)(3)	LINE 12A, I	MONTGOMERY HOUSING PARTNERSHIP, INC	X	
MHP EDINBURGH HOUSE INC - 52-1937891 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND	501(C)(3)	LINE 12A, I	MONTGOMERY HOUSING PARTNERSHIP, INC	X	
MHP GREAT HOPE HOMES, INC. - 52-2298864 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND	501(C)(3)	LINE 12A, I	MONTGOMERY HOUSING 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 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND	96,967.	3,031,334.	MONTGOMERY HOUSING PARTNERSHIP, INC
MHP FOREST GLEN, LLC - 81-0732500 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND	-25,727.	1,531,282.	MONTGOMERY HOUSING PARTNERSHIP, INC
MHP FRANKLIN LLC - 88-0635259 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND	1,483,418.	36,757,098.	MONTGOMERY HOUSING PARTNERSHIP, INC
MHP HILLBROOKE TOWERS, LLC - 81-0722050 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND	0.	0.	MONTGOMERY HOUSING PARTNERSHIP, INC
MHP HILLWOOD MANOR, LLC - 81-0718320 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND	-29,688.	707,892.	MONTGOMERY HOUSING PARTNERSHIP, INC
MHP MINORITY OWNER LLC 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND			MONTGOMERY HOUSING PARTNERSHIP, INC
MHP MPDU RESALE, INC. - 27-4699245 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND			MONTGOMERY HOUSING PARTNERSHIP, INC
MHP NORTH FREDERICK AVENUE, LLC - 46-1323360 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND	78,834.	1,348,184.	MONTGOMERY HOUSING PARTNERSHIP, INC
MHP PARKVIEW TOWERS, LLC - 24-4112313 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND	-154,185.	2,727,128.	MONTGOMERY HOUSING PARTNERSHIP, INC
MHP ROLLINGWOOD GP LLC - 88-4355055 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND			MONTGOMERY HOUSING 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 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND			MONTGOMERY HOUSING PARTNERSHIP, INC
MHP RW APARTMENTS GP LLC 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND			MONTGOMERY HOUSING PARTNERSHIP, INC
MHP WORTHINGTON WOODS LLC - 83-4658186 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND	1,303,424.	107,168.	MONTGOMERY HOUSING PARTNERSHIP, INC
PARKVIEW MANOR, LP - 54-1867624 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND			MONTGOMERY HOUSING PARTNERSHIP, INC
MHP NORTH FREDERICK MM LLC - 92-2128784 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND			MONTGOMERY HOUSING PARTNERSHIP, INC
MHP NEBEL 4 LLC - 93-1802826 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND			MONTGOMERY HOUSING PARTNERSHIP, INC
MHP NEBEL 4 MM LLC - 93-1707081 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND			MONTGOMERY HOUSING PARTNERSHIP, INC
MHP NEBEL 9 LLP - 93-1775955 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND			MONTGOMERY HOUSING PARTNERSHIP, INC
MHP NEBEL 9 MM LLC - 93-1678029 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MARYLAND			MONTGOMERY HOUSING PARTNERSHIP, INC





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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
515 THAYER LLC - 85-3695009 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MD	N/A	N/A	N/A	N/A	X		N/A	X		N/A
BEALL'S GRANT APARTMENTS, LLC - 81-2194879, 12200 TECH ROAD, SUITE 250, SILVER SPRING, MD 20904	AFFORDABLE 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, SUITE 250, SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MD	MHP BLAIR PARK APARTMENTS, INC.			4,055,484.	X		N/A	X		100%
GREAT HOPE HOMES 2001, LP - 52-2320420, 12200 TECH ROAD, SUITE 250, SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MD	MONTGOMERY HOUSING PARTNERSHIP, 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 country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
515 THAYER MM LLC - 85-3711529 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	INVESTMENT IN PARTNERSHIP	MD	MONTGOMERY HOUSING PARTNERSHIP,	C CORP	0.	1,441.	100%	X	
BGA MM, LLC - 81-2217135 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	INVESTMENT IN PARTNERSHIP	MD	MONTGOMERY HOUSING PARTNERSHIP,	C CORP	0.	1,422.	100%	X	
MHP ART, LLC - 82-1264009 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	INVESTMENT IN PARTNERSHIP	MD	MONTGOMERY HOUSING PARTNERSHIP,	C CORP	1.	757,409.	100%	X	
MHP BLAIR PARK APARTMENTS, INC. - 52-2341500 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	INVESTMENT IN PARTNERSHIP	MD	MONTGOMERY HOUSING PARTNERSHIP,	C CORP	0.	314,977.	100%	X	
MHP COLONNADE MM, LLC - 87-1678530 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	INVESTMENT IN PARTNERSHIP	MD	MONTGOMERY HOUSING PARTNERSHIP,	C CORP	1.	3,435.	100%	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GREENWOOD TERRACE APARTMENTS, LP - 52-2341499, 12200 TECH ROAD, SUITE 250, SILVER SPRING, MD 20904	AFFORDABLE 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 20904	AFFORDABLE 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 20904	AFFORDABLE HOUSING	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MHP FOREST GLEN 4 LP - 92-0262211, 12200 TECH ROAD, SUITE 250, SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MD	MHP FOREST GLEN 4 GP, LLC			0.		X	N/A		X	100%
MHP FOREST GLEN 9 LP - 88-4103282, 12200 TECH ROAD, SUITE 250, SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MD	MHP FOREST GLEN 9 GP, LLC			0.		X	N/A		X	100%
MHP HALPINE HAMLET, LP - 45-4028133, 12200 TECH ROAD, SUITE 250, SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MHP MAPLE TOWERS, LLC - 26-3740805, 12200 TECH ROAD, SUITE 250, SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MHP PARKVIEW MANOR LLC - 82-1234215, 12200 TECH ROAD, SUITE 250, SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MHP PARKVIEW TOWERS, LP - 46-1104322, 12200 TECH ROAD, SUITE 250, SILVER SPRING, MD 20904	AFFORDABLE 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 of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MHP TPP, LLC - 20-4864851 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MD	MHP TAKOMA, INC.			9,280,379.		X	N/A		X	100%
PEMBRIDGE SQUARE APARTMENTS, LP - 77-0597583, 12200 TECH ROAD, SUITE 250, SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ROLLINGWOOD VENTURE LP - 92-1227137, 12200 TECH ROAD, SUITE 250, SILVER SPRING, MD 20904	AFFORDABLE HOUSING	MD	MHP ROLLINGWOOD GP LLC					X	N/A		X	100%
ROLLINGWOOD VENTURE II LP - 88-4369590, 12201 TECH ROAD, SUITE 250, SILVER SPRING, MD 20905	AFFORDABLE HOUSING	MD	MHP RW APARTMENTS GP LLC			0.		X	N/A		X	100%
SILVER SPRING LIBRARY RESIDENCES, LP - 46-1794725, 12200 TECH ROAD, SUITE 250, SILVER SPRING, MD 20904	AFFORDABLE 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 20904	AFFORDABLE HOUSING	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MHP NORTH FREDERICK OWNER LLC - 92-2149490, 12201 TECH ROAD, SUITE 250, SILVER SPRING, MD 20905	AFFORDABLE HOUSING	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A

**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 country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MHP EDH, INC - 27-4576093 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	INVESTMENT IN PARTNERSHIP	MD	MONTGOMERY HOUSING PARTNERSHIP,	C CORP	1.	186,705.	100%	X	
MHP GREENWOOD TERRACE, INC. - 52-2341497 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	INVESTMENT IN PARTNERSHIP	MD	MONTGOMERY HOUSING PARTNERSHIP,	C CORP	7.	82,420.	100%	X	
MHP HALPINE, INC. - 45-2601960 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	INVESTMENT IN PARTNERSHIP	MD	MONTGOMERY HOUSING PARTNERSHIP,	C CORP	2.	910,474.	100%	X	
MHP MAPLE TOWERS, INC. - 27-4449147 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	INVESTMENT IN PARTNERSHIP	MD	MONTGOMERY HOUSING PARTNERSHIP,	C CORP	0.	125,017.	100%	X	
MHP PARKVIEW TOWERS, INC. - 46-1093303 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	INVESTMENT IN PARTNERSHIP	MD	MONTGOMERY HOUSING PARTNERSHIP,	C CORP	3.	2,875,144.	100%	X	
MHP PEMBRIDGE, INC. - 33-1053892 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	INVESTMENT IN PARTNERSHIP	MD	MONTGOMERY HOUSING PARTNERSHIP,	C CORP	21.	309,167.	100%	X	
MHP SSLR, INC - 46-4241655 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	INVESTMENT IN PARTNERSHIP	MD	MONTGOMERY HOUSING PARTNERSHIP,	C CORP	2.	979,036.	100%		X
MHP TAKOMA, INC. - 26-2700739 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	INVESTMENT IN PARTNERSHIP	MD	MONTGOMERY HOUSING PARTNERSHIP,	C CORP	44.	926.	100%		X
WORTHINGTON WOODS MM LLC - 92-2128784 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	INVESTMENT IN PARTNERSHIP	MD	MONTGOMERY HOUSING PARTNERSHIP,	C CORP	0.	0.	100%		X
MHP FOREST GLEN 4 GP LLC - 88-4094317 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	INVESTMENT IN PARTNERSHIP	MD	MONTGOMERY HOUSING PARTNERSHIP,	C CORP	22.	9,778,476.	100%		X
MHP FOREST GLEN 9 GP LLC - 92-0247684 12200 TECH ROAD, SUITE 250 SILVER SPRING, MD 20904	INVESTMENT IN PARTNERSHIP	MD	MONTGOMERY HOUSING PARTNERSHIP,	C CORP	0.	3,394,835.	100%		X

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GREAT HOPE HOMES 2001, LP	O	0.	COST
(2) MHP SCATTERED SITE, INC.	L	0.	COST
(3) MHP BLAIR PARK APARTMENTS, INC.	L	0.	COST
(4) MHP DRHC, INC.	L	0.	COST
(5) GREAT HOPE HOMES 2001, LP	L	0.	COST
(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.	COST
(8) MHP MAPLE TOWERS, LLC	L	0.	COST
(9) PEMBRIDGE SQUARE APARTMENTS, LP	L	0.	COST
(10) MHP MPDU RENTAL, INC.	L	0.	COST
(11) MHP SSLR, INC	L	0.	COST
(12) MHP TPP, LLC	L	0.	COST
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			





**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.

**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.

**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.