

**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)

2022

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization: OPERATION PATHWAYS, INC
D Employer identification number: 47-2897977
E Telephone number: 2027895300
G Gross receipts \$: 1,991,634.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.OPERATIONPATHWAYS.ORG
K Form of organization:
L Year of formation: 2015
M State of legal domicile: DC

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & 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.

Signature of officer: ALLA ELEON, TREASURER
Preparer: LORI ROTHE YOKOBOSKY, CPA
Firm: COHNREZNICK LLP

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

1 Briefly describe the organization's mission: PROVIDE AND COORDINATE PLACE-BASED PROGRAMS AND SERVICES FOR RESIDENTS IN AFFORDABLE HOUSING COMMUNITIES TO INCREASE QUALITY OF LIFE

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 1,455,344. including grants of \$ ) (Revenue \$ 939,936. ) OPERATION PATHWAYS PROVIDES AND COORDINATES PROGRAMS AND SERVICES FOR LOW- TO MODERATE INCOME FAMILIES AND INDIVIDUALS LIVING IN AFFORDABLE HOUSING COMMUNITIES.

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

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

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

4e Total program service expenses 1,455,344.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks are present in the Yes/No columns for various questions.

**Part IV Checklist of Required Schedules** (continued)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

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

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

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

**Section A. Governing Body and Management**

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

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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
<b>16b</b>	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 NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
ALLA ELEON - 646-336-4936  
122 EAST 42ND STREET, SUITE 4900, NEW YORK, NY 10168

**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) RICHARD BURNS BOARD MEMBER / PRESIDENT	1.00 34.00	X		X				0.	698,152.	16,990.
(2) STEPHEN M. GREEN BOARD MEMBER/ VICE PRESIDENT	1.00 34.00	X		X				0.	452,781.	32,145.
(3) ERIC PRICE BOARD MEMBER/ VICE PRESIDENT	1.00 34.00	X		X				0.	396,590.	0.
(4) ALLA ELEON TREASURER	1.00 34.00			X				0.	274,039.	26,944.
(5) CARLOS GONZALES BOARD MEMBER/ VICE PRESIDENT	1.00 34.00	X		X				0.	259,615.	15,841.
(6) JOSEPH P. WIEDORFER BOARD MEMBER / VICE PRESID	1.00 34.00	X		X				0.	250,541.	19,908.
(7) THOMAS G. VACCARO BOARD MEMBER / SECRETARY	1.00 34.00	X		X				0.	216,079.	35,979.
(8) KENNETH D. WHITE EXECUTIVE DIRECTOR & COO	1.00 34.00			X				0.	199,569.	8,567.
(9) CHERIE SANTOS-WUEST BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(10) SHAY K. DUGAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(11) CHARU SINGH BOARD MEMBER	1.00	X						0.	0.	0.



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<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>					
	<b>d</b> Related organizations .....	<b>1d</b>	471,598.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	580,100.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 179,343.				
	<b>h Total.</b> Add lines 1a-1f .....		1,051,698.				
Program Service Revenue	<b>2 a</b> <u>SERVICE CONTRACT FEES</u> .....	<b>Business Code</b>	531390	939,936.	939,936.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		939,936.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....						
	<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 \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<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 .....							
Miscellaneous Revenue	<b>11 a</b> .....	<b>Business Code</b>					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....		1,991,634.	939,936.	0.	0.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<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 .....				
<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 .....	1,202,214.	962,108.	195,107.	44,999.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	45,971.	34,478.	9,194.	2,299.
<b>10</b> Payroll taxes .....	40,591.	30,443.	8,118.	2,030.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	4,479.		4,479.	
<b>c</b> Accounting .....	13,346.		13,346.	
<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.)	38,037.	25,906.	10,404.	1,727.
<b>12</b> Advertising and promotion .....	2,921.		2,921.	
<b>13</b> Office expenses .....	50,065.	37,549.	10,013.	2,503.
<b>14</b> Information technology .....	619.	464.	124.	31.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....	124,979.	1,205.	123,774.	
<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 .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....	13,983.	13,109.		874.
<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</b> <b>RS/OP EXPENSE</b>	190,291.	190,291.		
<b>b</b> <b>PROGRAM SUPPLIES</b>	85,598.	85,598.		
<b>c</b> <b>RECRUITMENT</b>	51,714.	38,785.	10,343.	2,586.
<b>d</b> <b>DUES AND SUBSCRIPTIONS</b>	22,423.	22,423.		
<b>e</b> All other expenses	15,872.	12,985.	2,442.	445.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	1,903,103.	1,455,344.	390,265.	57,494.
<b>26</b> <b>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) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	341,473.	<b>1</b>	84,496.	
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>		
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	88,374.	
	<b>4</b> Accounts receivable, net .....	66,410.	<b>4</b>	1,569.	
	<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 .....		<b>9</b>	6,126.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>		<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		88,140.	<b>15</b>	408,394.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		496,023.	<b>16</b>	588,959.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	204,174.	<b>17</b>	205,618.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<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 .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<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 .....		0.	<b>25</b>	2,961.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		204,174.	<b>26</b>	208,579.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....		70,214.	<b>27</b>	-107,767.
	<b>28</b> Net assets with donor restrictions .....		221,635.	<b>28</b>	488,147.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>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 .....		291,849.	<b>32</b>	380,380.
	<b>33</b> Total liabilities and net assets/fund balances .....		496,023.	<b>33</b>	588,959.

**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	1,991,634.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,903,103.
3	Revenue less expenses. Subtract line 2 from line 1	3	88,531.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	291,849.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	380,380.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2022)



**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	217,601.	680,407.	711,425.	823,930.	1051698.	3485061.
<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 .....	217,601.	680,407.	711,425.	823,930.	1051698.	3485061.
<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) .....						508,652.
<b>6 Public support.</b> Subtract line 5 from line 4.						2976409.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	217,601.	680,407.	711,425.	823,930.	1051698.	3485061.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<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.) .....						
<b>11 Total support.</b> Add lines 7 through 10						3485061.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	4,552,987.
<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 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	85.40 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	88.42 %
<b>16a 33 1/3% support test - 2022.</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 - 2021.</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 - 2022.</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 - 2021.</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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2022. 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 - 2021. 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 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. 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 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		



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

2022

Open to Public Inspection

Name of the organization OPERATION PATHWAYS, INC Employer identification number 47-2897977

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d for total number, acreage, and structure counts, and questions about monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

**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, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

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

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

**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) DUE FROM RELATED PARTIES	384,617.
(2) DUE FROM AFFILIATES	23,777.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	408,394.

**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) OTHER LIABILITIES	2,961.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,961.

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>	1,991,634.
<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>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	1,991,634.
<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>	0.
<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>	1,991,634.

**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>	1,903,103.
<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>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	1,903,103.
<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>	0.
<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>	1,903,103.

**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:**

OPERATION PATHWAYS HAS 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 YEARS ENDED DECEMBER 31, 2022. DUE TO ITS TAX-EXEMPT STATUS, OPERATION PATHWAYS IS NOT SUBJECT TO INCOME TAXES. OPERATION PATHWAYS IS REQUIRED TO FILE AND DOES FILE TAX RETURNS WITH THE IRS AND OTHER TAXING AUTHORITIES. ACCORDINGLY, THESE FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION FOR INCOME TAXES AND OPERATION PATHWAYS HAS NO OTHER TAX POSITIONS WHICH MUST BE CONSIDERED FOR DISCLOSURE. TAX RETURNS FILED BY OPERATION PATHWAYS WILL BE SUBJECT TO EXAMINATION BY THE IRS FOR A PERIOD OF THREE YEARS. NO INCOME TAX RETURNS

**Part XIII** Supplemental Information (continued)

ARE CURRENTLY BEING EXAMINED BY THE IRS, AND TAX YEARS SINCE 2019 REMAIN OPEN. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE OPERATION PATHWAYS AND HAS CONCLUDED THAT, AS OF DECEMBER 31, 2022, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**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

**2022**

Open to Public  
Inspection

Name of the organization

**OPERATION PATHWAYS, INC**

Employer identification number

**47-2897977**

**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 checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input 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>		

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

Schedule J (Form 990) 2022

**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) RICHARD BURNS BOARD MEMBER / PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	473,152.	225,000.	0.	0.	16,990.	715,142.	0.
(2) STEPHEN M. GREEN BOARD MEMBER/ VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	292,781.	160,000.	0.	2,000.	30,145.	484,926.	0.
(3) ERIC PRICE BOARD MEMBER/ VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	296,590.	100,000.	0.	0.	0.	396,590.	0.
(4) ALLA ELEON TREASURER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	224,039.	50,000.	0.	2,000.	24,944.	300,983.	0.
(5) CARLOS GONZALES BOARD MEMBER/ VICE PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	184,615.	75,000.	0.	477.	15,364.	275,456.	0.
(6) JOSEPH P. WIEDORFER BOARD MEMBER / VICE PRESID	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	160,541.	90,000.	0.	2,000.	17,908.	270,449.	0.
(7) THOMAS G. VACCARO BOARD MEMBER / SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	141,079.	75,000.	0.	2,000.	33,979.	252,058.	0.
(8) KENNETH D. WHITE EXECUTIVE DIRECTOR & COO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	139,569.	60,000.	0.	2,000.	6,567.	208,136.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization: **OPERATION PATHWAYS, INC**  
Employer identification number: **47-2897977**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		179,343	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2022

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

OPERATION PATHWAYS, INC

Employer identification number

47-2897977

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

HOUSING COMMUNITIES TO INCREASE QUALITY OF LIFE

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

THE BOARD DELEGATES THE REVIEW OF THE FORM 990 TO THE AUDIT COMMITTEE OF  
THE FOUNDATION. THE AUDIT COMMITTEE REVIEWS THE 990 AND APPROVES THE FORM  
990. A COPY OF THE FORM 990 IS MADE AVAILABLE TO THE FULL BOARD PRIOR TO  
FILING.

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

THE CFO AND CHAIRMAN OF THE AUDIT COMMITTEE WILL REVIEW THE COMPLIANCE WITH  
POLICIES AT LEAST ANNUALLY BY DIRECTORS, OFFICERS AND KEY EMPLOYEES.

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

THE COMPENSATION COMMITTEE REVIEWS AND THE FULL BOARD APPROVES  
PRESIDENT/CEO AND SENIOR MANAGEMENT COMPENSATION AND BONUS ARRANGEMENTS. A  
WRITTEN RECORD OF COMMITTEE ACTIONS IS MAINTAINED.

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

THESE DOCUMENTS ARE AVAILABLE UPON REQUEST.

**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

**2022**

**Open to Public Inspection**

Name of the organization **OPERATION PATHWAYS, INC** Employer identification number **47-2897977**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
A.C.T. AFFORDABLE HOUSING, INC. - 52-1893754 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		X
ASMARA AFFORDABLE HOUSING, INC - 52-1928713 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	TEXAS	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		X
C/HP COVE, INC. - 52-1949584 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	FLORIDA	501(C)(3)	LINE 10	INTERSTATE I		X
CHERRY AFFORDABLE HOUSING, INC. - 52-1923470 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		X

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

Schedule R (Form 990) 2022

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CORNERSTONE/BAYVIEW, INC. - 31-1477950 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	CONNECTICUT	501(C)(3)	LINE 10	INTERSTATE I		X
CORNERSTONE/ST. LUKE'S, INC. - 31-1477948 122 EAST 42ND STREET, SUITE 4900 NEW YORK, NY 10168	REAL ESTATE	NEW YORK	501(C)(3)	LINE 10	THE NHP FOUNDATION		X
FCHC VIRGINIA COMMUNITY DEVELOPMENT CORPORATION - 52-1253695, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	VIRGINIA	501(C)(3)	LINE 7	THE NHP FOUNDATION		X
FOREST PARK AFFORDABLE HOUSING, INC. - 52-1982709, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		X
FOXWOOD AFFORDABLE HOUSING, INC. - 52-1910563, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		X
NDFS, INC. - 52-1910567 122 EAST 42ND STREET, SUITE 4900 NEW YORK, NY 10168	REAL ESTATE	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		X
INTERSTATE I AFFORDABLE HOUSING, INC. - 52-2052050, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		X
JAMESTOWN AFFORDABLE HOUSING INC - 52-1967265, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		X
MILIKEN AFFORDABLE HOUSING, INC. - 52-1952670, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		X
NHPF AFFORDABLE HOUSING, INC. - 52-1962679 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	NEW YORK	501(C)(3)	LINE 12A, I	THE NHP FOUNDATION		X
NHPF-HARBOR HILL HOUSING DEVELOPMENT FUND CORPORATION - 83-2950871, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	DISTRICT OF COLUMBIA	501(C)(3)	PF	THE NHP FOUNDATION		X
NHPFSHORE HILL HOUSING DEVELOPMENT FUND CORPORATION - 83-0640120, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	DISTRICT OF COLUMBIA	501(C)(3)	PF	THE NHP FOUNDATION		X



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
1255 NPO OWNER, LLC - 84-3315002, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
1300 NPO OWNER, LLC - 84-3347041, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	TX	N/A	N/A	N/A	N/A		X	N/A		X	N/A
250 LP PEPPERTREE MANOR LP - 46-1251185, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	TX	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ALABAMA AVENUE AFFORDABLE HOUSING LP - 45-0954348, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A

**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
BAYVIEW GP, INC. - 45-4524133 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	CT	N/A	C CORP	N/A	N/A	N/A		X
CHA MM LLC - 47-2915929 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
CLEME 284 LLC - 46-4926184 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	TX	N/A	C CORP	N/A	N/A	N/A		X
FOXWOOD GP, INC. - 26-3685416 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	PA	N/A	C CORP	N/A	N/A	N/A		X
NDFD II, LLC (GP OF BOLTON) - 81-2833036 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	MD	N/A	C CORP	N/A	N/A	N/A		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	
BAYVIEW PRESERVATION PARTNERS, LIMITED PA - 45-4524365, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	CT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
BENNING HEIGHTS INVESTOR, LLC - 46-5555061, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
BERRY MANOR OWNER, LP - 84-2345984, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	IL	N/A	N/A	N/A	N/A		X	N/A		X	N/A
BOLTON NORTH, LP - 38-3905593 1090 VERMONT AVENUE, NW SUITE WASHINGTON, DC 20005	REAL ESTATE	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CENTER CITY MANAGING MEMBER LLC - 83-0723978, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	NJ	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CHA JV LLC - 47-2868214 1090 VERMONT AVENUE, NW SUITE WASHINGTON, DC 20005	REAL ESTATE	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CHA LLC - 47-2931951 1090 VERMONT AVENUE, NW SUITE WASHINGTON, DC 20005	REAL ESTATE	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CLEME MANOR HOLDINGS, LLC - 37-1744567, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	TX	N/A	N/A	N/A	N/A		X	N/A		X	N/A
COLUMBIA APARTMENTS LP - 52-2331258, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	DE	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	
COLUMBIA HEIGHTS VILLAGE APARTMENTS LP - 52-2331261, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	DC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
FOXWOOD PRESERVATION PARTNERS, LP - 26-3494067, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HARVEST HOMES APARTMENTS LP - 46-5732921, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	IL	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HOLLANDER RIDGE INVESTOR, LLC - 84-2006834, 1092 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	MD	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HOLLYBUSH PRESERVATION PARTNERS - 46-0704176, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	NJ	N/A	N/A	N/A	N/A	X		N/A	X		N/A
IRVINE TURNER MANAGING MEMBER, LLC - 83-0778181, 1094 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	NJ	N/A	N/A	N/A	N/A	X		N/A	X		N/A
LOT 13 OWNER LLC (STRAND NEW CHINA CAFE) - 83-2542480, 1095 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	DC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
MARK TWAIN NHPF, LLC - 82-0736381, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	IL	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NANNIE HELEN MANAGER, LLC - 82-1796565, 1096 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	DC	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) Dispropor- tate 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	
NANNIE HELEN OWNER, LLC - 82-1808929, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	DC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
ORANGE PRESERVATION PARTNERS - 26-4813142, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	NJ	N/A	N/A	N/A	N/A	X		N/A	X		N/A
PLAZA BORINQUEN 88 OWNER II L.P. - 46-3814997, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
PLAZA BORINQUEN 88 OWNER L.P. - 45-3977862, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	NY	N/A	N/A	N/A	N/A	X		N/A	X		N/A
PRESERVATION HOUSING II, LLC - 20-4675868, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	LA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
PRESERVATION HOUSING IV, LLC - 20-5739951, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	LA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
SHIP'S COVE PRESERVATION PARTNERS LIMITED PARTNERSHIP - 90-1027644, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	MA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
ST. LUKE'S MASTER TENANT LLC - 27-0948789, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	MO	N/A	N/A	N/A	N/A	X		N/A	X		N/A
ST. LUKE'S PRESERVATION PARTNERS - 26-4812756, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	MO	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	
TAKOMA PLACE SM, LLC - 83-1172716, 1101 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	DC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
WADE ROAD INVESTOR, LLC - 46-5179478, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	DC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
WOODMONT CROSSING INVESTOR, LLC - 82-2552881, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	DC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
WORKFORCE AFFORDABLE HOUSING FUND I, LLC - 84-2160900, 1102 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	DE	N/A	N/A	N/A	N/A	X		N/A	X		N/A
PRINCESS ANNE OWNER, LP - 82-4282686, 1090 VERMONT AVENUE, NW # 4900, WASHINGTON, DC 20005	REAL ESTATE	MD	N/A	N/A	N/A	N/A	X		N/A	X		N/A
17 MISSISSIPPI OWNER LLC - 83-1029382, 122 EAST 42ND STREET, SUITE 4900, NEW YORK, NY 10168	REAL ESTATE	DC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
ANACOSTIA GARDENS OWNER, LLC - 83-2892628, 122 EAST 42ND STREET, SUITE 4900, NEW YORK, NY 10168	REAL ESTATE	DC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
BLUE MOUNTAIN OWNER, LLC - 83-3816873, 122 EAST 42ND STREET, SUITE 4900, NEW YORK, NY 10168	REAL ESTATE	MA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NEW CENTER CITY APARTMENTS URBAN RENEWAL LLC - 84-3149829, 122 EAST 42ND STREET, SUITE 4900, NEW YORK,	REAL ESTATE	NJ	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) Dispropor- tate 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	
NEW ALEXANDER HOUSE, LLC - 81-4004412, 122 EAST 42ND STREET, SUITE 4900, NEW YORK, NY 10168	REAL ESTATE	NJ	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NEW SUNSET BAY - 84-3504636 2001 W. BLUE HERON BLVD RIVIERA BEACH, FL 33404	REAL ESTATE	MD	N/A	N/A	N/A	N/A	X		N/A	X		N/A
17 MISSISSIPPI MANAGING MEMBER, LLC - 83-0982960, 122 EAST 42ND STREET, SUITE 4900, NEW YORK, NY 10168	REAL ESTATE	DC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HERITAGE NOLAND ASSOCIATES, L.P. (CARDINAL RIDGE) - 52-2127276, 122 EAST 42ND STREET, SUITE 4900, NEW YORK, CARDINAL RIDGE INVESTORS, LLC - 87-1299625, 122 EAST 42ND STREET, SUITE 4900, NEW YORK, NY 10168	REAL ESTATE	MO	N/A	N/A	N/A	N/A	X		N/A	X		N/A
CARDINAL RIDGE GP, LLP - 87-1274360, 122 EAST 42ND STREET, SUITE 4900, NEW YORK, NY 10168	REAL ESTATE	MO	N/A	N/A	N/A	N/A	X		N/A	X		N/A
CHCDC AFFORDABLE ELDERLY, LLC - 83-3689670, 1090 VERMONT AVENUE, NW # 4900, WASHINGTON, DC 20005	REAL ESTATE	TX	N/A	N/A	N/A	N/A	X		N/A	X		N/A
EXCHANGE PLACE PRESERVATION PARTNERS, LLC - 83-4047453, 1090 VERMONT AVENUE, NW # 4900, WASHINGTON, DC 20005	REAL ESTATE	CT	N/A	N/A	N/A	N/A	X		N/A	X		N/A
TEMENOS PERMANENT AFFORDABLE - 84-4695421, 1090 VERMONT AVENUE, NW # 4900, WASHINGTON, DC 20005	REAL ESTATE	TX	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) Dispropor- tate 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	
NEW OVERLOOK OWNER, LP - 87-1228776, 122 EAST 42ND STREET, SUITE 4900, NEW YORK, NY 10168	REAL ESTATE	MD	N/A	N/A	N/A	N/A		X	N/A		X	N/A
BERRY MANOR APARTMENTS, LP - 88-0812320, 122 EAST 42ND STREET, SUITE 4900, NEW YORK, NY 10168	REAL ESTATE	IL	N/A	N/A	N/A	N/A		X	N/A		X	N/A
COVENT APARTMENTS, LLC - 86-2579407, 122 EAST 42ND STREET, SUITE 4900, NEW YORK, NY 10168	REAL ESTATE	IL	N/A	N/A	N/A	N/A		X	N/A		X	N/A
NEW IRVINE TURNER APARTMENTS URBAN RENEWAL, LLC - 84-3170687, 122 EAST 42ND STREET, SUITE 4900, NEW YORK, NY 10168	REAL ESTATE	NJ	N/A	N/A	N/A	N/A		X	N/A		X	N/A
RIDGECREST PHASE 1 OWNER - 87-4501411, 122 EAST 42ND STREET, SUITE 4900, NEW YORK, NY 10168	REAL ESTATE	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MAGNIFICAT PERMANENT AFFORDABLE, LLC - 84-4614094, 122 EAST 42ND STREET, SUITE 4900, NEW YORK, NY 10168	REAL ESTATE	TX	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
PLAZA BORINQUEN 88 GP CORPORATION - 45-4171169, 1090 VERMONT AVENUE, NW SUITE 400, WASHINGTON, DC 20005	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
PRESERVATION HOUSING PARTNERS - 20-4648219 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	LA	N/A	C CORP	N/A	N/A	N/A		X
SHIP'S COVE GP, INC - 46-4089994 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	MA	N/A	C CORP	N/A	N/A	N/A		X
ST. LUKE'S GP, INC. - 26-4812718 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	MO	N/A	C CORP	N/A	N/A	N/A		X
TAKOMA PLACE GP LLC - 81-3212097 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	DC	N/A	C CORP	N/A	N/A	N/A		X
VOV NHPF I, LLC (ALABAMA) - 45-0654022 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	DC	N/A	C CORP	N/A	N/A	N/A		X
WADE ROAD GP, LLC (PARKCHESTER) - 46-5079448 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
WALNUT 209 - 20-5739871 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	LA	N/A	C CORP	N/A	N/A	N/A		X
WOODMONT CROSSING MANAGER, LLC - 82-2567301 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
NDFD, LLC - 45-5477714 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
HOLLYBUSH GP, INC - 46-0711207 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	DC	N/A	C CORP	N/A	N/A	N/A		X
ORANGE GP INC - 26-4812965 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X

**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
BENNING HEIGHTS GP, LLC - 46-5529523 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
MARK TWAIN NHPF MANAGER, LLC - 82-0709583 1090 VERMONT AVENUE, NW SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A		X
BLUE MOUNTAIN MANAGER, LLC - 83-3753488 122 EAST 42ND STREET NEW YORK, NY 10168	REAL ESTATE	MA	N/A	C CORP	N/A	N/A	N/A		X
NEW SUNSET BAY MANAGER, LLC - 84-3520467 2001 W. BLUE HERON BLVD RIVIERA BEACH, FL 33404	REAL ESTATE	FL	N/A	C CORP	N/A	N/A	N/A		X
ALEXANDER HOUSE MANAGING MEMBER, LLC - 47-4263643, 122 EAST 42ND STREET, NEW YORK, NY 10168	REAL ESTATE	MD	N/A	C CORP	N/A	N/A	N/A		X
HARVEST HOMES GP, INC. - 61-1737565 122 EAST 42ND STREET NEW YORK, NY 10168	REAL ESTATE	IL	N/A	C CORP	N/A	N/A	N/A		X
ANACOSTIA GARDENS GP, LLC - 36-4829017 1090 VERMONT AVENUE, NW # 4900 WASHINGTON, DC 20005	REAL ESTATE	DC	N/A	C CORP	N/A	N/A	N/A		X
CENTER CITY MM LLC - 84-2763970 1090 VERMONT AVENUE, NW # 4900 WASHINGTON, DC 20005	REAL ESTATE	NJ	N/A	C CORP	N/A	N/A	N/A		X
CH AFFORDABLE MANAGER, LLC - 83-3661011 1090 VERMONT AVENUE, NW # 4900 WASHINGTON, DC 20005	REAL ESTATE	TX	N/A	C CORP	N/A	N/A	N/A		X
EXCHANGE PLACE MM LLC - 83-4215390 1090 VERMONT AVENUE, NW # 4900 WASHINGTON, DC 20005	REAL ESTATE	CT	N/A	C CORP	N/A	N/A	N/A		X
IRVINE TURNER MM LLC - 84-2796291 1090 VERMONT AVENUE, NW # 4900 WASHINGTON, DC 20005	REAL ESTATE	NJ	N/A	C CORP	N/A	N/A	N/A		X
NANNIE HELEN NHPF, LLC - 82-1883630 1090 VERMONT AVENUE, NW, SUITE 400 WASHINGTON, DC 20005	REAL ESTATE	DC	N/A	C CORP	N/A	N/A	N/A		X

**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
HOLLANDER RIDGE MANAGER, LLC - 84-2032687 1090 VERMONT AVENUE, NW # 4900 WASHINGTON, DC 20005	REAL ESTATE	MD	N/A	C CORP	N/A	N/A	N/A		X
PRINCESS ANNE GP, LLC - 82-4193012 1090 VERMONT AVENUE, NW # 4900 WASHINGTON, DC 20005	REAL ESTATE	MD	N/A	C CORP	N/A	N/A	N/A		X
TEMENOS AFFORDABLE MANAGER, LLC - 84-4678755 1090 VERMONT AVENUE, NW # 4900 WASHINGTON, DC 20005	REAL ESTATE	TX	N/A	C CORP	N/A	N/A	N/A		X
NHPF MISSISSIPPI MANAGER, LLC - 84-5097432 1090 VERMONT AVENUE, NW # 4900 WASHINGTON, DC 20005	REAL ESTATE	DC	N/A	C CORP	N/A	N/A	N/A		X
BERRY MANOR NHPF, LLC - 84-1848605 1090 VERMONT AVENUE, NW # 4900 WASHINGTON, DC 20005	REAL ESTATE	IL	N/A	C CORP	N/A	N/A	N/A		X
COVENT NHPF MANAGER, LLC - 86-2614876 122 EAST 42ND STREET NEW YORK, NY 10168	REAL ESTATE	IL	N/A	C CORP	N/A	N/A	N/A		X
OVERLOOK GP, LLC - 86-3556387 122 EAST 42ND STREET NEW YORK, NY 10168	REAL ESTATE	MD	N/A	C CORP	N/A	N/A	N/A		X
RIDGECREST PHASE 1 MANAGER, LLC - 87-4489482 122 EAST 42ND STREET NEW YORK, NY 10168	REAL ESTATE	DC	N/A	C CORP	N/A	N/A	N/A		X
CH AFFORDABLE MANAGER, LLC - 83-3661011 122 EAST 42ND STREET NEW YORK, NY 10168	REAL ESTATE	IL	N/A	C CORP	N/A	N/A	N/A		X
NHPF CAROLINE MM, LLC - 84-4590748 122 EAST 42ND STREET NEW YORK, NY 10168	REAL ESTATE	IL	N/A	C CORP	N/A	N/A	N/A		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)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII** Supplemental Information

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

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

**NAME OF RELATED ORGANIZATION:**

1255 NPO OWNER, LLC

DIRECT CONTROLLING ENTITY: WORKFORCE AFFORDABLE HOUSING FUND I, LLC

**NAME OF RELATED ORGANIZATION:**

1300 NPO OWNER, LLC

DIRECT CONTROLLING ENTITY: WORKFORCE AFFORDABLE HOUSING FUND I, LLC

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

BAYVIEW PRESERVATION PARTNERS, LIMITED PA

EIN: 45-4524365

1090 VERMONT AVENUE, NW SUITE 400

WASHINGTON, DC 20005

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

SHIP'S COVE PRESERVATION PARTNERS LIMITED PARTNERSHIP

EIN: 90-1027644

1090 VERMONT AVENUE, NW SUITE 400

WASHINGTON, DC 20005

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

NEW CENTER CITY APARTMENTS URBAN RENEWAL LLC

EIN: 84-3149829

122 EAST 42ND STREET, SUITE 4900

NEW YORK, NY 10168

**Part VII** Supplemental Information

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

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

HERITAGE NOLAND ASSOCIATES, L.P. (CARDINAL RIDGE)

EIN: 52-2127276

122 EAST 42ND STREET, SUITE 4900

NEW YORK, NY 10168

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NEW IRVINE TURNER APARTMENTS URBAN RENEWAL, LLC

EIN: 84-3170687

122 EAST 42ND STREET, SUITE 4900

NEW YORK, NY 10168