			EXTENDED TO MAY 15, 2								
	Ω	00	Return of Organization Exempt Fill	rom l	ncome Tax	OMB No. 1545-0047					
For	m y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue ((ns) 2022					
			Do not enter social security numbers on this form as	-		Open to Public					
Depa Interr	rtment nal Reve	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the			Inspection					
			ar year, or tax year beginning $ m JUL1$, 2022 and er	nding J	UN 30, 2023						
B Check if C Name of organization D Employer identification											
applicable: METROPOLITAN BOSTON HOUSING PARTNERSHIP											
Change INC. D/B/A METRO HOUSING BOSTON											
Name Doing business as 04-2775991											
Initial Return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number											
$\square_{\text{Final}}^{\text{Final}}$ 1411 TREMONT STREET 617-859-0400											
	termii ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	369,994,054.					
	Amer		ON, MA 02120-3401		H(a) Is this a group re	eturn					
	Appli tion	^{ca-} F Name a	nd address of principal officer: ANNE ROUSSEAU		for subordinates	s? 🗌 Yes I No					
	pend	SAME	AS C ABOVE		H(b) Are all subordinates ir	ncluded? Yes No					
11	Гах-ех		X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	lf "No," attach a	list. See instructions					
	Nebsi		METROHOUSINGBOSTON.ORG		H(c) Group exemptio						
			X Corporation Trust Association Other	L Year (of formation: 1983	A State of legal domicile: MA					
Pa	art I	Summary									
ø	1	Briefly describ	be the organization's mission or most significant activities:	HOUS	ING BOSTON	MOBILIZES					
Governance		WIDE-RA	NGING RESOURCES TO PROVIDE INNOVAT	IVE A	ND PERSONAL	IZED					
ern	2	Check this bo	x if the organization discontinued its operations or dispose	ed of more							
Š	3				3	25					
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		lependent voting members of the governing body (Part VI, line 1b) $\dots$			25 238					
4       Number of independent voting members of the governing body (Part Vi, me Tb)       14         5       Total number of individuals employed in calendar year 2022 (Part V, line 2a)       5         6       Total number of volunteers (estimate if necessary)       6         7 a Total unrelated business revenue from Part VIII, column (C), line 12       7a											
ivit	6		of volunteers (estimate if necessary)			76					
Act			d business revenue from Part VIII, column (C), line 12			0.					
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····		0.					
					Prior Year	Current Year					
ne	8		and grants (Part VIII, line 1h)		1,963,863.						
Revenue	9	•	ce revenue (Part VIII, line 2g)	·····	62,006,686.						
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		366,048.	155,646.					
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		20,016. 64,356,613.	369,883,909.					
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4	04,350,013.	0.					
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	14	<b>A I I I</b>	to or for members (Part IX, column (A), line 4)		18,640,592.	17,359,533.					
Expenses	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)		0.	0.					
Den	10a	Professional T	indraising rees (Part IX, column (A), line 11e)	·····	• •	•					
Ă					45,418,254.	353,141,967.					
			es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)		64,058,846.	370,501,500.					
	18		expenses. Subtract line 18 from line 12		297,767.	-617,591.					
SS	19	nevenue less			ginning of Current Year	End of Year					
anci anci	20	Total accote (	Part Y, Jino 16)		59,144,142.	65,150,656.					
Net Assets or Fund Balances	20 21	Total assets (			44,991,964.	50,794,876.					
Net,	21		(Part X, line 26) fund balances. Subtract line 21 from line 20		14,152,178.	14,355,780.					
_	art II	Signatur			,,_,	,000,,000					
		-	I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the best of m	v knowledge and belief, it is					
			. Declaration of preparer (other than officer) is based on all information of whic			,					
	, 0	,		F P. 61 91							
Sig	n	Signature of o	ficer		Date						
La		ANNE BO									

пеге										
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date		PTIN					
Paid	ERIC MAHONEY	ERIC MAHONEY			)1794716					
Preparer	Firm's name DANIEL DENNIS & C		Fi	irm's EIN 04-27	734675					
Use Only	Firm's address 990 WASHINGTON ST	REET, STE 203								
	DEDHAM, MA 02026		Р	hone no. ( 617 )	262-9898					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form <b>990</b> (2022)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Torm	METROPOLITAN BOSTON HOUSING PARTNERSHIP 1990 (2022) INC. D/B/A METRO HOUSING BOSTON 04-2775991 Page
	t 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:
•	METRO HOUSING BOSTON MOBILIZES WIDE-RANGING RESOURCES TO PROVIDE
	INNOVATIVE AND PERSONALIZED SERVICES THAT LEAD FAMILIES AND
	INDIVIDUALS TO HOUSING STABILITY, ECONOMIC SECURITY, AND AN IMPROVED
	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4 -	revenue, if any, for each program service reported. (Code: ) (Expenses \$ 364,042,704. including grants of \$ ) (Revenue \$ 364,387,518
4a	(Code:) (Expenses \$ 364,042,704. including grants of \$) (Revenue \$ 364,387,518 RENTAL HOUSING ASSISTANCE - FEDERAL AND STATE FUNDED HOUSING VOUCHERS
	AND OTHER SUBSIDY PROGRAMS THAT SERVED MORE THAN 10,991 DISABLED,
	ELDERLY, FORMERLY HOMELESS, AND OTHER INDIVIDUALS AND FAMILIES IN
	BOSTON AND 31 SURROUNDING COMMUNITIES INCLUDING ARLINGTON, BEDFORD,
	, , ,
	BELMONT,, BRAINTREE, BROOKLINE, BURLINGTON, CAMBRIDGE, CHELSEA,
	EVERETT, HOLBROOK, LEXINGTON, , MALDEN, MEDFORD, MELROSE, MILTON,
	NEWTON, NORTH READING, QUINCY, RANDOLPH, READING, REVERE, SOMERVILLE,
	STONEHAM, WAKEFIELD, WALTHAM, WATERTOWN, WEYMOUTH, WILMINGTON,
	WINCHESTER, WINTHROP AND WOBURN. METRO HOUSINGBOSTON'S TARGET
	POPULATION CONSISTS OF HOUSEHOLDS WITH LOW-AND MODERATE-INCOMES WHO
	FACE A VARIETY OF BARRIERS TO HOUSING. FINANCIAL DEMOGRAPHICS FOR
	INDIVIDUALS RECEIVING METRO HOUSING SERVICES UNDER ALL THE RENTAL
4b	(Code: ) (Expenses \$ 3,641,553. including grants of \$ ) (Revenue \$ 3,235,520
	METRO HOUSING'S APPROACH IS "HOUSING FIRST, NOT HOUSING ONLY." THE
	HOUSING SUPPORTS PROGRAMS OFFER A CONTINUUM OF SERVICES FROM
	INFORMATION AND REFERRAL TO IN-DEPTH INDIVIDUALIZED CASE MANAGEMENT,
	INTENSIVE HOUSING SEARCH, EVICTION PREVENTION EDUCATION, SERVICES, AND
	RESOURCES THAT ADDRESS THE BARRIERS THAT MAKE IT DIFFICULT TO FIND OR
	MAINTAIN A HOME. METRO HOUSING CO-LOCATED WITH 10 PARTNERS THROUGHOUT
	OUR REGION TO ENSURE THAT OUR SERVICES WERE ACCESSIBLE TO CLIENTS IN
	ALL COMMUNITIES. THE HOUSING CONSUMER EDUCATION CENTER RESPONDED TO
	MORE THAN 28,730 PHONE CALLS AND EMAILS SERVING 27,912 FAMILIES THROUG
	WALK-IN INQUIRIES AND APPOINTMENTS.
4c	(Code: ) (Expenses \$ 550,110. including grants of \$ ) (Revenue \$ 67,619
	OFFICE DEVELOPMENT OPERATIONS
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     368,234,367.
	Form <b>990</b> (2
32002	SEE SCHEDULE O FOR CONTINUATION(S)
	3
10	103 735621 MBHP 2022.05010 METROPOLITAN BOSTON HOUSING MBHP_
-	

### INC. D/B/A METRO HOUSING BOSTON

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
23200	3 12-13-22		990	(2022)

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Form 990 (2022)

2022.05010 METROPOLITAN BOSTON HOUSING MBHP___1

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			Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	x	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		╋
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			T
	any tax-exempt bonds?	24c		+
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		┦
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		t
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		┦
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		┫
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
~	"Yes," complete Schedule L, Part IV	28c 29		┥
	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		╉
50	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		┥
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
	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)? If "Yes," complete Schedule R, Part V, line 2	35b		4
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Dor	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par	t 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	Ι
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 18287	-		T
	Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable	1		
b		_		11
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ļ
b		1c	<b>990</b>	

Form 990 (2022)

Part IV Checklist of Required Schedules (continued)

04-2775991 Page 5		04-	277	7599	1	Page 5	5
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Part VI         Statements Regarding Other IRS Filings and Tax Compliance (continued)           2a         Enter the number of engoyees reported on Form V/s, Transmittal of Wage and Tax Statements,         238         238         238           b         It atext one is reported on Ine 2a, did the organization tite all required fedral enginyment tax returns?         2a         X           b         It atext one is reported on Ine 2a, did the organization have an interemt r, or a signature on Schedule 0         2b.         X           b         It Yes, "than titled a Form 980-T for this year?         4a         X         X           b         It Yes, "than titled a Form 980-T for this year?         4a         X         X           b         It Yes, "than titled a Form 980-T for this year?         5a         X           b         It Yes, "that titled a Form 900-Tot this the water title masceton any the during the tax year?         5a         X           b         Wash the organization fier form 8080-T         5c         X           c         It Yes, "tota the any one other any the and B880-T         5c         X           b         Uf Yes, "did the organization fier form 8080-T         7a         X           b         It Yes, "did the organization fier form 8080-T         7a         X           b         It Yes, "did the organization fier form 8080-T	Form	990 (2022) INC. D/B/A METRO HOUSING BOSTON 04-277	5991	Р	age <b>5</b>
gene         Earth the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,         2 a         2 3 B           bit at least one is reported on line 2a, did the organization fiel al required reform employment tax returns?         26         X           bit Thes, That II field a Form 990 Tor his year? /f Two'r to line 3b, provide an expleration nor Schedule 0         26         X           diverse required to the second way. did the organization have an interest 1s, or a signature or other authority over, a transmit to foreign country (such as a bank account, securities account, or other financial accounts (FBAP).         26         X           See instructions for firm required to the organization have an interest 1s, or a signature or other authority over, a transmit to FNGE Form 114. Paport of Foreign Bank and Financial Accounts (FBAP).         5a         X           See instructions for firm required and that way is a park bit or parkitable tax shear a second gradient tax shear a second gradient tax shear a complex stear and the second gradient tax shear a complex stear and the second stear and the second stear and the second gradient tax shear and the second gradient tax shear and the second gradient tax shear and tax shear and the second stear and tax shear and ta	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
International control of the call of the organization field arround force an opport to return 2.       2.38       X         30       Dot the organization have unrelated business gross income 05 (000 or more during the year?       36       X         41       Wash the during the calendar year, during the during the year?       36       X         44       At any time during the calendar year, during the during the signal country (such as a bank account, securities account, or other financial account)?       4a       X         50       instructions for fing requirements for FinCEN Form 114, Roport of foreign Bank and Financial Accounts (FBAR).       5a       X         50       Wash the organization in any time during the tax year?       5a       X         60       Dose the organization in any time during the tax year?       5a       X         61       Wash the organization financial Accounts (FBAR).       5a       X         62       Dose the organization include with energination file from 886 f.7       5a       X         63       Dose the organization include with energination file from 886 f.7       5a       X         70       Organizations that may receive deductible contributions and services provided?       7a       X         71       Task of the organization include with every solicitation an express statement that such contributions of the engonization file from 8882 f.7       7a       X<				Yes	No
b       If a least one is reported on line 2a, did the organization fiel an required feature amployment tax netures?       gb       X         3a       Did the organization have unrelated business process income of \$1,000 or more during the year?       gb       X         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account, a territor country luck as a bank account, securities account, or enter financial accounts (FBAR).       gb       X         5e       instructions for timity equiration that was or is a party to a prohibited tax sheller transaction or other functional accounts (FBAR).       ga       X         5e       Did any taxabite party notify the organization that was or is a party to a prohibited tax sheller transaction?       gb       X         5a       Did any taxabite party notify the organization that are normally greater than \$100,000, and did the organization neal unal gross receipts that are normally greater than \$100,000, and did the organization neal unal gross receipts that are normally greater than \$100,000, and did the organization neal unal gross receipts actination are any time during the tax year?       ga       X         6a       X       If "Yes" to line the organization neal unal gross receipts actination are any time during the year?       ga       X         7       Vasi' to a fast the organization neal ways and the party that year than \$100,000, and did the organization secure tax deductible contributions and year than \$100,000,000,000,000,000,000,000,000,000	2a				
a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       Image: State of the organization incomess in, or a signature or other authomy over, a financial account in a foreign country.       Image: State of the organization have an indexest in, or a signature or other authomy over, a financial account in a foreign country.       Image: State of the organization have an indexest in, or a signature or other authomy over, a financial account in a foreign country.       Image: State of the organization have an indexest in, or a signature or other authomy over, a financial account in a foreign country.       Image: State of the organization in the organization organizatio		filed for the calendar year ending with or within the year covered by this return 2a 23	3		
b       If Yes, 'the it filed a form 900 Tro the year? If Yeb' to file 30, provide an explemation on Schedule O       30         4       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (buch as a bank account, securities account, or other financial account)?       4a       X         b       I' Yes,'' enter the name of the foreign country (buch as a bank account, securities account, or other financial account)?       5a       X         5a       Was the organization a party to a prohibited that whether transaction at any time during the tax year?       5a       X         5b       Dod any taxable party notify the organization that if was or is a party to a prohibited that whether transaction?       5c       X         c       I' Yes' to line Sa or Sb, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and dithe organization accounts apprent in receive at the value of the paced so revices provided?       6a       X         0       II 'Yes', to line the number of Forms 2822 filed during the year       [7d]       7a       X         11       II 'Yes', indicate the number of Forms 2822 filed during the year?       [7d]       7d       7d         12       II 'Yes', indicate the number of Forms 2822 filed during the year?       [7d]       7d       7d       7d       7d	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
4a       At any time during the calendary year, did the organization have an interest in, or a signature or other suborthy over, a financial account?       4a       X         b       if Yea, "enter the name of the foreign county?       4a       X         b       if Yea, "enter the name of the foreign county?       4a       X         b       if Yea, "enter the name of the foreign county?       5a       X         c       if Yea, "enter the name of the foreign county?       5a       X         b       if Yea, "to be 5a or 5b, did the organization if the row 886-17.       5a       X         c       if Yea," to be 5a or 5b, did the organization if the row 886-17.       5b       X         c       if Yea," to be 5a or 5b, did the organization if the row 886-17.       5b       X         c       if Yea," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or that deductible or antibution and partly for goods and services provided to the pary 77       7a       X         d       if Yea," did the organization not the data base of the park of a partly as a contribution of guaratom for the 8890 are required.       7c       X         d       if Yea," did the organization not the data of the equarization file for adbeset the park of a data base distributions.       7d       7d         d       if Yea," did the organization not file way prem	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
Interval     4a     X       b     If "Yes," enter the name of the foreign county     5a     X       5a     Was the organization ap any to a prohibited tax sheter transaction at any time during the tax year?     5a     X       5a     Was the organization have nonally constrained by the approhibited tax sheter transaction?     5a     X       5b     D dark stabe party notify the organization the organization have nonally greater than \$100,000, and did the organization solicit any contributions of the organization have nonally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions?     5a     X       b     If "Yes," to the organization have end tax deductible as charitable contribution and explices statement that such contributions or gifts were not tax deductible?     6b     7a     X       7     Organization sele example, or otherwise depose of tanging be personal property for which it was required to the part of the value of the organization neetwe any tunes, directly or indirectly, to pay prohibed personal property for which it was required?     7a     X       7     Organization sele.example, or otherwise depose of tanging be personal property for which it was required?     7a     X       7     Vas, "data the organization indice with every sole premium, directly on particulation sele.example as a contribution of casiling information?     7a     X       10     If "Yes," indicate the number of Forms 8282 field during the year?     7a     Ya     Ya   <	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b       If "Yes," enter the name of the foreign country See instructions for filing requirements for FRCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       See         b       Was the organization in park to a prohibited tax shelter transaction at any time during the tax year?       See       X         b       Did any taxable park notify the organization in for FRCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       See       X         cill "Yes" to the Ga or 5b, did the organization in for FRCEN Form 1846."       See       X         cill "Yes" to the Ga or 5b, did the organization in Form 8866."       See       X         cill "Yes" to the acductible"       See chartable contributions?       See       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts       See       X         d)       Ub the organization network symmetrin exects of XF made parky as a contribution of an express statement that such contract?       To       To         d)       If "Yes," indicate the number of Forms 8282 field during the year.       To!       To!       To!         c)       Dot the organization neceve a pary transit, interform 82867.       To       To       To         d)       If "Yes," indicate the number of Forms 8282. Filed during the yea	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for ting requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5b Dd any tsable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         5b Dd any tsable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5a       X         5b Dd any tsable party notify the organization take that around greater than \$100,000, and id the organization solid as a variable contributions?       5a       X         5b If 'Yes,' tid the organization nucle with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       7a       X         5b If 'Yes,' tid the organization notify the donor of the value of the goods or services provided?       7a       X         7b If 'Yes,' tid the organization neaves of \$15 made party as a contribution and party for grean labenefit contract?       7a       X         7b If the organization neaves any tonds, directly or indirectly, to pay premiums on a personal benefit contract?       7a       X         7b If the organization neaves a contribution of cash. bots, anglanees, or other weitholes, dith or organization file a form 8282?       7a       X         7b If the organization neave a contribution of cash. bots, anglanenese, or other weitholes, dith or organization		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?         5a         X           b Dd any tuable party notify the organization file Form 8866-17.         5b         X           6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solit any contributions that were not tax deductible is a chartable contributions?         5c         X           7b         Tyes," did the organization include with every solicitation an express statement that such contributions on gifts were not tax deductible?         6b         X           7b         Tyes," did the organization notify the donor of the value of the goods or services provided?         7a         X           b If "Yes," did the organization notify the donor of the value of the goods or services provided?         7a         X           b If "Yes," did the organization notify the donor of the value of the goods or services provided?         7a         X           b If "Yes," indicate the number of Forms 8282? filed during the year         7d         7a         X           f If "Yes," indicate the number of Forms 8282? filed during the year, year premiums, directly or indirectly, to pay premiums on a personal benefit contract?         7c         X           g If the organization neceive a contribution of qualified intelectual property during the year.         7a         7a           g If the organization maker any tatable distributions under section 4968?	b	If "Yes," enter the name of the foreign country			
b Did any taxable party notify the organization file Form 8888-17       Sp.       X         c If 'Yes'' to line 6a or 5b, did the organization file Form 8888-17       Sp.       X         6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid as charitable contributions?       Sp.       X         1 If 'Yes'' did the organization nucled with every solidation an express statement tha such contributions or gifts were not tax deductible?       Sp.       X         7 Organization solid a payment in excess of 375 made path ye as contributions or gents were not tax deductible?       Tele (TYes,'') did the organization notify the donor of the value of the goods or services provided?       Tele (TYes,'') did the organization notify the donor of the value of the goods or services provided?       Tele (TYes,'') did the organization notify the donor of the value of the goods or services provided?       Tele (TYes,'') did the organization notify the donor of the value of the goods or services provided?       Tele (TYes,'') did the organization notify the donor of the value of the goods or services provided?       Tele (TYes,'') did the organization neceve a contribution of cars, boats, arjplanes, or other value (The organization file)       Tele (TYes,'') did the organization neceve a contribution of cars, boats, arjplanes, or other values (ful the organization file)       Tele (TYes,'') did the organization make ary taxable distributions under section 4966?       Sp.         9 Sponsoring organization make ary taxable distributions under section 4966?       Se.       Se.       Se.       Section 501(c)(2) organizatio		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c     If "Yes" to line 5a or 5b, did the organization file Form 8886-17     5c       6a     Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductibles     5c       b     If "Yes," did the organization include with every solication an express statement that such contributions or gifts were not tax deductible?     5c       7     Organizations that may receive deductible contributions under section 170(c).     6b     5c       b     Uf the organization notify the donor of the value of the goods or services provided?     7a     X       b     If "Yes," did the organization notify the donor of the value of the goods or services provided?     7a     X       c     Did the organization neelie way finds, directly or indirectly, to pay premiums on a personal benefit contract?     7c     X       d     If "Yes," indicate the number of Forms 8282 filed during the year     7d     7c     X       f     Did the organization neeving with funds, directly or indirectly, to nay personal benefit contract?     7c     X       f     If the organization neeving a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?     7n       8     Sponsoring organization meave are success basiness holding at any the during the yea?     9s       9     Sponsoring organization neeving a discribution to a donor advised fund maintained by the sponsoring organization make ary table dis	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
Ga     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?     Ga     X       b     If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     Gb     Gb       c     Or organizations that may receive deductible contributions and partly for goods and services provided to the payof     Ta     X       c     Did the organization neceive a payment in excess of \$35 made partly as a contribution and partly for goods and services provided to the payof     Ta     X       c     Did the organization neceive any funds, directly or indirectly, no personal benefit contract?     To     Ta       c     Did the organization receive any funds, directly or indirectly, no personal benefit contract?     Te     Te       d     If 'Yes,' indicate the number of Forms 8282 filed during the year     Td     Td     Tg       g     If the organization received a contribution of qualified intellectual property, dd the organization file Form 1889 as required?     Tg     Tg       g     Sponsoring organization maintaining door advised funds. Did a donor advised fund maintae by the sponsoring organization make any taxable distributions under section 4966?     Sa     Sa       g     Sponsoring organization makes any taxable distributions under section 4966?     Sa     Sa       g     Sponsoring organization			5b		Х
Ga     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?     Ga     X       b     If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?     Gb     Gb       c     Or organizations that may receive deductible contributions and partly for goods and services provided to the payof     Ta     X       c     Did the organization neceive a payment in excess of \$35 made partly as a contribution and partly for goods and services provided to the payof     Ta     X       c     Did the organization neceive any funds, directly or indirectly, no personal benefit contract?     To     Ta       c     Did the organization receive any funds, directly or indirectly, no personal benefit contract?     Te     Te       d     If 'Yes,' indicate the number of Forms 8282 filed during the year     Td     Td     Tg       g     If the organization received a contribution of qualified intellectual property, dd the organization file Form 1889 as required?     Tg     Tg       g     Sponsoring organization maintaining door advised funds. Did a donor advised fund maintae by the sponsoring organization make any taxable distributions under section 4966?     Sa     Sa       g     Sponsoring organization makes any taxable distributions under section 4966?     Sa     Sa       g     Sponsoring organization	с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
any contributions that were not tax deductible as charitable contributions?       6a       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts       6b       7         7 Organizations that may receive deductible contributions under section 170(c).       7       7       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payoff       7c       X         b If "Yes," indicate the number of Forms 8282 filed during the year       2d       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       2d       7c       X         f Did the organization needive any funds, directly or indirectly, on a personal benefit contract?       7e       7f         g If the organization neeview a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 8282       7d       7d         g If the organization neeview a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 8282       7d       7d         g If the organization neeview a contribution of cars, boats, aiplanes, or other vehicles, did the organization file a Form 8282       8       8         g Did the sponsoring organization make any taxable distributions under section 49667       9a       9b       8         9 Sponsoring organization make a distribution to a donor, donor advised, rund maintained by the					
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       60         7       Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         8       If "Yes," did the organization notify the doors of the value of the goods of services provided?       7b       7c         c       Did the organization notify the doors of the value of the goods of services provided?       7c       X         d       If "Yes," lidicate the number of Forms 8282 filed during the year       [7d]       7c       X         d       Did the organization neceive any funds, directly or indirectly, on parennal benefit contract?       7f       7f         g       If the organization neceive any funds, directly or indirectly, on a personal benefit contract?       7f       7f         g       If the organization neceive a contribution of qualified intellectual property, did the organization file Form 8989 as required?       7g       7g         h       If the organization mecive an similaring donor advised funds.       Did a long organization make and tractable form atoms of the sector of the s			6a		Х
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     7a       8     Did the organization notify the donor of the value of the goods or services provided?     7b       9     T'ves," did the organization notify the donor of the value of the goods or services provided?     7c       10     the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7c       11     T'ves," indicate the number of Forms 8282 filed during the year     1d     7d       12     Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?     7t       12     If the organization receive a contribution of qualified intelectual property, did the organization file a Form 1098 cC?     7h       13     By ponsoring organization make excess busings at any time during the year?     8       9     Sponsoring organization make excess at any time during the year?     8       9     Sponsoring organization make any taxable distributions under section 4966?     9a       9     Did the sponsoring organization make any taxable distributions under section 4966?     9a       9     Did the sponsoring organization make any taxable distributions under section 4966?     9a       9     Did the sponsoring organization make any taxable distributions under section 4966?     9a       10     bid the spo	b				
7       Organizations that may receive a payment in excess of \$75 made partly as a contribution of podds and services provided to the payor?       7a       X         9       bid the organization ontify the donor of the value of the godds or services provided?       7c       X         0       bid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         0       bid the organization ontify the donor of the value of the godds or services provided?       7d       7c       X         0       bid the organization ontign the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t       7t       7d			6b		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7c       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7r       7d       1         g If the organization received a contribution of qualified inteleculal property, did the organization file Form 8398 as required?       7n       1         h If the organization material satisfue down of qualified inteleculal property, did the organization file a Form 1098.cr       8       9         Sponsoring organization have excess business holdings at any time during the year?       8       8       9         9 Sponsoring organization nake any taxable distributions under section 4966?       9a       9b       1       10a       10b       10c       10c <td< th=""><td>7</td><td></td><td></td><td></td><td></td></td<>	7				
b       If "Yes," did the organization netlify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282? filed during the year       7d       7e       X         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       7f         f       Did the organization received a contribution of caulified intellectual property, did the organization file a Form 1098 CP       7g       7f         f       If the organization received a contribution of caulified intellectual property, did the organization file a Form 1098 CP       7g       7g         8       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a         9       Did the sponsoring organization make a distribution sucher section 4966?       9a       9a       9a         10       Gross income from there sources. (Do not net amounts due or public use of club facilities       10b       11         11       Section 501(c)(12) organizations. Enter:       10b       11a       10b       11a         12       Gross income from there sources. (Do not net amounts due or paid to other sources against       11a			7a		Х
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If 'Yes,'' indicate the number of Forms 8282 filed during the year       7d       7d       7d         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7       7h       7g         f       If the organization received a contribution of ans, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7       7h       X         sponsoring organization make maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make an distributions on doner section 4966?       9a       9a         g       Did the sponsoring organization make a distribution to a donor, donor advised person?       9b       9b         f       Gross income from members or shareholders       11a       10b       10b       10b         g       Gross income from members or shareholders       11a       11b       11b       11a         g       Gross income from members or shareholders       11a       12b       12b       12a         h       Gross income from members or shareholders       11a					
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f If the organization received a contribution of qualified intellectual property, did the organization file Form 8399 as required?       7f         If the organization received a contribution of cars, boats, aprilanes, or other vehicles, did the organization file a Form 1098 C7       7g         Sponsoring organizations maintaining door advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining door advised funds.       8         a Did the sponsoring organizations maintaining door advised funds.       9a       9a         b Sponsoring organizations maintaining door advised funds.       9a       9a         b Did the sponsoring organizations maintaining door advised funds.       9a       9a         b Did the sponsoring organizations. Enter:       a initiation fees and capital contributions included on Part VIII, line 12.       10a       10a         a Gross income from members or shareholders       11a       10b       12a         b Gross income from there sources. (Do not net amounts due or paid to other sources against amounts of tax exempt interest received or accrued during the year?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year?					
d If "Yes," indicate the number of Forms 8282 filed during the year       Td         e Did the organization, during the year, pay premiums, on a personal benefit contract?       Td         f If the organization, during the year, pay premiums, on a personal benefit contract?       Td         g If the organization, during the year, pay premiums, on other vehicles, did the organization file a Form 108-02       Td         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 108-02       Th         S Sponsoring organizations maintaining door advised funds.       B       B         9 Sponsoring organization make a distribution to a donor, advised funds.       B       B         9 Did the sponsoring organization make a distribution to a donor, advised funds.       B       B         9 Sponsoring organizations maintaining donor advised funds.       B       B         9 Sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b       B         10 d the sponsoring organizations. Enter:       10a       10b       10b       10b         11 Section 501(c)(7) organizations. Enter:       11a       10a       10b       10b         12 Section 501(c)(7) organizations. Enter:       11a       10b       10b       10b       10b         13 Section 501(c)(2) organizations. Enter:       12b       12b	-		7c		х
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 889 as required?       7g         n       Ht the organization received a contribution of qualified intellectual property, did the organization file Form 889 as required?       7n         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaned by the sponsoring organization make any taxable distributions under section 4966?       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a         10       did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       10a         11       Intation fees and capital contributions included on Part VIII, line 12.       10a       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       12a         12       Section 501(c)(12) organization received or accrued during the year       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       11a       11b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a	Ь				
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7t         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?         B       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make avexess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         10       Bid the sponsoring organization make a distribution to a donor advised funds.       9a         10       Section 501(c)(7) organizations. Enter:       10a         11       Bords on Form 990, Part VIII, line 12, for public use of club facilities       10b         12       Section 501(c)(12) organizations. Enter:       10a         13       Gross income from members or shareholders       11a         14       10b       12a         15       Section 501(c)(22) qualified nonprofit health insurance issuers.       11a         13       Section 501(c)(22) qualified nonprofit health insurance issuers.       12a         13       Is the organization licensed to issue qualified health plans in more than one state?       13a         14       13a       13a         15       Letter the amount of reserves on hand			7e		
g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8         9       Bott the sponsoring organization make any taxable distributions under section 4966?       9a         10       Beetin 501(c)(7) organizations. Enter:       10a         11       Section 501(c)(7) organizations. Enter:       10b         11       Section 501(c)(12) organizations. Enter:       10a         12       Gross income from members or shareholders       11a         13       Section 501(c)(12) organizations. Enter:       11a         14       11b       12a         15       Gross income from members or shareholders       11a         14       11b       12a         15       Section 501(c)(29) qualified nonprofit health insurance issuers.       11a         16       Issee the instructions for additional information must report on Schedule 0.       13a         16       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a					
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 930, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(2) organizations. Enter:       11a       11b         a       Gross income from members or shareholders       11a       12e         b       Gross income from members or shareholders       11b       12e         13       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12e       12e         14       Did the argument of reserves the organization is required to maintain by the states in which the organization is longenet to issue qualified health plans in more than one state?       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       14a       X					
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       10a         11       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       11a       11a         12       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       12a         12a       Section 501(c)(12) organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(2)(2) qualified nonprofit health insurance issuers.       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for indoor tanning services during the tax year?       14a       X         b If "Yes," has it field a Form 720 to report these payments? If "No," provide an explanation on Schedule O.       14b       14a         14       Did the	-				
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a       10a         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b       10b       10c         12       Section 501(c)(12) organizations. Enter:       10b       10b       10c       11c         13       Gross income from members or shareholders       11a       10b       11c       12a         14       TYes,* enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         15       Section 501(c)(22) qualified nonprofit health insurance issuers.       13a       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       14a       X         14       X       13c       14a       X         15       Is the organization receive any payments for indoor tanning services during the tax year?	-				
9       Sponsoring organizations maintaining donor advised funds.       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         0       Section 501(c)(7) organizations. Enter:       10a       10a         11       Section 501(c)(7) organizations. Enter:       10b       10b         12       Section 501(c)(7) organizations. Enter:       10b       11a         13       Gross income from members or shareholders       11a       11b         14       Section 501(c)(29) qualified nonprofit health rusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         14       Is the organization licensed to issue qualified health plans in more than one state?       13a         13a       Note: See the instructions for additional information the organization must report on Schedule O.       13a         14a       Did the organization is licensed to issue qualified health plans       13b       13a         14b       Did the organization subject to the section 4960 tax on payments? If "No," provide an explanation on Schedule O       14a       X         14a       X       If 'Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation or excces parachule payment(s) during the year?       14a <td>•</td> <td></td> <td>8</td> <td></td> <td></td>	•		8		
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11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       13a         3       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15			-		
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13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13b         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year?       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b       14b         15       Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 4720, Schedule O.       17       17         If "Yes," complete Form 6069.       17       17<			120		
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note: See the instructions for additional information the organization must report on Schedule O.       Image: Description of the sector of the sector of the states in which the organization is licensed to issue qualified health plans       Image: Description of the sector o					
Note: See the instructions for additional information the organization must report on Schedule O.       Image: the instruction of the instruction and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       If "Yes," complete Form 4720, Schedule O.       Image: the instructions and file form 4720, Schedule O.       Image: the instruction of the inposition of an excise tax under section 4951, 4952 or 4953?       Image: the instruction in the imposition of an excise tax under section 4951, 4952 or 4953?			13a		
b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       13c         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b       If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         If "Yes," complete Form 4720, Schedule O.       17       17         17       If "Yes," complete Form 6069.       17       17	u	-	100		
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b       If "Yes," has it filed a Form 720 to report these payments? If "No, " provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       16       X       16       X         If "Yes," complete Form 4720, Schedule O.       17       16       X         If "Yes," complete Form 4720, Schedule O.       17       17       17         If "Yes," complete Form 6069.       17       17       17			140		Х
15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17       17         If "Yes," complete Form 6069.       10       10       10					
excess parachute payment(s) during the year?       15       X         If "Yes," see the instructions and file Form 4720, Schedule N.       16       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X         If "Yes," complete Form 4720, Schedule O.       16       X         17       Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?       17         If "Yes," complete Form 6069.       17       17	. –		.+5		
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If "Yes," complete Form 6069.	.,		17		
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Form 990 (2022)

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04 - 2775991Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.										
	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 25	5									
	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.	_									
b	Enter the number of voting members included on line 1a, above, who are independent 1b 25										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
_	officer, director, trustee, or key employee?	2		X							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?										
6 70		6		X							
78	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a		x							
h	more members of the governing body?	10									
D.		7b		x							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15									
	The governing body?	8a	x								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
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?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X								
	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
	a Did the organization have a written conflict of interest policy? If "No," go to line 13										
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i> on Schedule O how this was done	12c	x								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b	Х								
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
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	101									
800	exempt status with respect to such arrangements?	16b									
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed										
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)s only	) avail	ahle							
10	for public inspection. Indicate how you made these available. Check all that apply.	<i>)</i> ,3 Offiy	) avan	abic							
	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial								
	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										
	ANNE ROUSSEAU - 617-859-0400										
	1411 TREMONT STREET, BOSTON, MA 02120-3401										
232006	12-13-22	Form	1 <b>990</b>	(2022)							
210		11	TD	1							
υTO	103 735621 MBHP 2022.05010 METROPOLITAN BOSTON HOUSING	WBI	_אר	⊥							

METROPOLITAN	BOSTON	HOUSING	PARTNERSHIP

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Form 990 (	2022)	INC.	D/B/A	METRO	HOUSING	BOSTON		04-27
Part VII	Compensation	of Offi	cers, Dire	ectors, Tru	ustees, Key	Employees,	Highest Compe	ensated
	Employees, an	d Inder	bendent C	contracto	rs			

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)	(B)			(0	C)	•		(D)	(E)	(F)
Name and title	Average	(10		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	than is bot	h an	compensation	compensation	amount of
	week		cer an	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		volqu	st con yee	_	1099-INEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) CHRISTOPHER T. NORRIS	40.00	_			×	1.0				
PRESIDENT/EXEC. DIRECTOR				X				215,461.	0.	24,996.
(2) ANNE ROUSSEAU	40.00									
TREASURER/CFO				x				160,400.	0.	6,151.
(3) CHRISTINE PEARSON	40.00									
CHIEF HUMAN RELATIONS OFFICER						х		159,067.	0.	5,371.
(4) STEVEN D FARRELL	40.00									
CHIEF OPERATING OFFICER				X				133,509.	0.	15,057.
(5) AKIDA NAU	40.00									
DIRECTOR OF IT						Х		113,932.	0.	20,197.
(6) CARLA BEAUDOIN	40.00									
DIRECTOR OF DEVELOPMENT						Х		108,936.	0.	20,165.
(7) JOHN HILLIS	40.00									
DIRECTOR OF INSPECTIONS AND OWNER SE						Х		120,216.	0.	5,095.
(8) FELISHA MARSHALL	40.00									
DIRECTOR OF HOUSING SUPPORTS						Х		100,363.	0.	4,671.
(9) SUSAN NOHL	40.00								_	
DEPUTY DIRECTOR				Х				47,791.	0.	2,178.
(10) NADER ACEVEDO	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(11) ELIZABETH GRUBER	1.00								_	_
BOARD CO-CHAIR		Х		Х				0.	0.	0.
(12) KEVIN BOYLE	1.00									
DIRECTOR		х						0.	0.	0.
(13) CYNTHIA LACASSE	1.00									•
BOARD CO-CHAIR	1 00	Х		Х				0.	0.	0.
(14) SUSANNE CAMERON	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(15) YONGMEI CHEN	1.00									•
DIRECTOR	1 00	X						0.	0.	0.
(16) CASSANDRA M. CLAY	1.00									
DIRECTOR	1	X						0.	0.	0.
(17) TERRY SAUNDERS LANE	1.00								•	<u>^</u>
CLERK		Х		Х				0.	0.	0.
232007 12-13-22						~				Form <b>990</b> (2022)

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2022.05010 METROPOLITAN BOSTON HOUSING MBHP___1

INC. D/B/A METRO HOUSING BOSTON

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Form 990 (2022) INC . D/B									04-27	75991	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees,	, and	d Hi	ighe	st C	Compensated Employe	es (continued)		
(A) Name and title	<b>(B)</b> Average			(C Posi	<b>C)</b> ition	ı		(D) Reportable	<b>(E)</b> Reportable	Es	(F) timated
	hours per	box	, unles	ss pe	rson i	is bot	h an	compensation	compensation		nount of
	week (list any			uau		1/11/13		from	from related		other
	hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC		pensation om the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)		anization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 1120)	Ű,	d related
	below	id ual 1	Institutional trustee	ar	mploy	est co o yee	er				nizations
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former			-	
(18) MELISSA FISH-CRANE	1.00										
DIRECTOR		Х						0.		0.	0.
(19) RICHARD C. MURAIDA	1.00										
DIRECTOR		х						0.		0.	0.
(20) JANET FRAZIER	1.00										
DIRECTOR		х						0.		0.	0.
(21) PETER MUNKENBECK	1.00										
DIRECTOR		х						0.		0.	0.
(22) LANGLEY KEYES	1.00										
DIRECTOR		х						0.		0.	0.
(23) DEMETRIOUSE RUSSELL	1.00										
DIRECTOR		x						0.		0.	0.
(24) RAFAEL MARES	1.00									<u> </u>	
DIRECTOR		x						0.		0.	0.
(25) TREVOR SAMIOS	1.00									<u> </u>	
DIRECTOR	100	x						0.		0.	0.
(26) LINDA MONTEIRO	1.00	- 11								<u> </u>	••
DIRECTOR	1.00	x						0.		ο.	0.
dh. Cubbatal								1,159,675.			3,881.
1b Subtotal								1,155,075.		0.	0.
c Total from continuation sheets to Part V								1,159,675.			3,881.
d Total (add lines 1b and 1c)											5,001.
2 Total number of individuals (including but n	iot limited to tr	iose	liste	ed al	DOVE	e) wr	10 r	eceived more than \$100	,000 of reportable		8
compensation from the organization											Yes No
2 Did the exception list on <b>former</b> officer	director truct	I					- bio	wheat componented over			
<b>3</b> Did the organization list any <b>former</b> officer,							-				x
line 1a? If "Yes," complete Schedule J for s										3	
4 For any individual listed on line 1a, is the su									the organization		х
and related organizations greater than \$15										4	<u>л</u>
5 Did any person listed on line 1a receive or a					-			ted organization or indiv	Idual for services	_	x
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or sl	ich	pers	son .				5	Δ
•			<u> </u>						<u></u>		
1 Complete this table for your five highest co	•	•							•	ensation f	rom
the organization. Report compensation for	the calendar y	ear	endır	ng v	vith	or w	rithir		year.		
(A) Name and business	addroop							<b>(B)</b> Description of s	onvioon	(C) Comper	
							_	•		Comper	Isation
BEACON HILL STAFFING GROU		•						TEMP STAFFIN	G	0.01	1 C 0 1
P.O. BOX 846193, BOSTON,		54						SOLUTION	a –	99.	1,681.
ALEXANDER TECHNOLOGY GROU					11/	^		TEMP STAFFIN	G	27	c 10c
5 BEDFORD FARMS DRIVE, BI	EDFORD,	N1	1 0	131		0		SOLUTION		37	6,106.
COMPASS WORKING CAPITAL FSS PROGRAM MONTHLY											
P.O. BOX 51609, BOSTON, I	MA 0220:	)						PAYMENTS	3.7	200	8,628.
CARASOFT	556501			~ ~		~ ~		EQUIFAX SOCI		4 5	0 004
11493 SUNSET HILLS ROAD,	RESTON	, \	/A	20	)19	90		SERVICE VERI		15	9,334.
PLANET PROFESSIONAL			~					TEMP STAFFIN	G	4 -	0 250
34 CROSBY DRIVE, BEDFORD								SOLUTION		15	2,352.
2 Total number of independent contractors (i	-	ot li	mited	d to		_	stec	d above) who received m	nore than		
\$100,000 of compensation from the organization 5											
SEE PART VII, SECTIO	N A CON	Γ. Τ Ι	NUA	7.T. J		N S	SH.	EETS		Form	<b>990</b> (2022)
232008 12-13-22											

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Form 990 INC. D/B,								STON	04-277	5991
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	<b>(B)</b> Average			(C Pos	<b>C)</b> ition	1		<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
		stee or director	Institutional trustee	officer Officer	Key employee	Highest compensated employee	Former (A	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) GEOFFREY SHERMAN DIRECTOR	1.00	x						0.	0.	0.
(28) MARY-ANNE MORRISON DIRECTOR	1.00	x						0.	0.	0.
(29) DENISSE TEJADA DIRECTOR	1.00	x						0.	0.	0.
(30) ROBERT TORRES	1.00									
DIRECTOR (31) DONALD E. VAUGHAN	1.00	х 						0.	0.	0.
DIRECTOR (32) MICHAEL WIDMER	1.00	X						0.	0.	0.
DIRECTOR	1 00	X						0.	0.	0.
(33) TAYLOR C. SHEPHERD	1.00	v						0	0	0
DIRECTOR (34) MONALISA SMITH	1.00	Х						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
Total to Part VII, Section A, line 1c										

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Form				TRO HOUS	ING BOSTON		04-2775	991 Page <b>9</b>
Pa	t \	/111						
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII	(5)	(2)	
					<b>(A)</b> Total revenue	Related or exempt	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
Am (			Fundraising events 1c	315,780.				
lar Iar		d	Related organizations 1d					
ini,		е	Government grants (contributions) 1e					
rior S		f	All other contributions, gifts, grants, and					
ip a			similar amounts not included above 1f	1,789,445.				
d d d		g	Noncash contributions included in lines 1a-1f					
a C		h	Total. Add lines 1a-1f		2,105,225.			
				Business Code				
e	2	а	PROGRAM SERVICE FEES AND REIMBURS	532000	367623038.	367623038.		
e Ži		b						
en Se		с						
lev.		d						
Program Service Revenue		е						
ā		f	All other program service revenue					
		g	Total. Add lines 2a-2f		367623038.			
	3		Investment income (including dividends, intere					
			other similar amounts)		155,646.			155,646.
	4		Income from investment of tax-exempt bond p	proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
evenue			and sales expenses 7b					
eve			Gain or (loss) 7c					
<u>م</u>			Net gain or (loss)					
Other	8	а	Gross income from fundraising events (not					
0			including \$ 315,780. of					
			contributions reported on line 1c). See	110 145				
			Part IV, line 18 8a Less: direct expenses 8b					
					0,			
	~		Net income or (loss) from fundraising events Gross income from gaming activities. See		0.			
	9	a						
		h	Part IV, line 19 9a Less: direct expenses 9b					
			Net income or (loss) from gaming activities	-				
	10		Gross sales of inventory, less returns					
	10	a	and allowances 10a					
		h	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory	·				
		<u> </u>	not not not not not not sales of inventory	Business Code				
Miscellaneous Revenue	11	а						
ane.		b						
eve eve		c						
lisc R			All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		369883909.	367623038.	٥.	155,646.
23200	9 12	- 13-						Form <b>990</b> (2022)

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		METRO HOUSIN		04-27	75991 Page <b>10</b>
Secti	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	378,679.		378,679.	
~	trustees, and key employees	570,079.		570,079.	
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	13 881 047	13,228,679.	385,494.	266,874.
7 8	Other salaries and wages Pension plan accruals and contributions (include	10,001,01/•	10,220,070		200,0740
0	section 401(k) and 403(b) employer contributions	303,503.	280,800.	16,983.	5,720.
9	Other employee benefits	1,738,780.	1,608,715.	97,296.	32,769.
10	Payroll taxes	1,057,524.	978,418.	59,176.	19,930.
11	Fees for services (nonemployees):		57071100		
a	Management				
b	Legal	35,188.	26,697.	8,491.	
	Accounting	93,659.	90,334.	3,311.	14.
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	1,282,098.	719,306.	435,537.	127,255.
12	Advertising and promotion	78,760.	56,124.	21,679.	957.
13	Office expenses	65,107.	53,871.	5,994.	5,242.
14	Information technology				
15	Royalties				
16	Occupancy	678,435.	670,115.	8,305.	15.
17	Travel	59,621.	54,994.	4,627.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$	011 000			
19	Conferences, conventions, and meetings	211,782.	5,758.	55,353.	150,671.
20	Interest	268,940.	259,198.	9,700.	42.
21	Payments to affiliates	215 661	209,443.	5,951.	267.
22	Depreciation, depletion, and amortization	215,661. 190,415.	183,157.	7,228.	30.
23		190,415.	103,137.	1,220.	50.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		347,155,844.			
b	PAYMENTS TO SUBGRANTEES	1,110,906.	1,110,906.		
с	CONTRACT SERVICES	1,081,358.	996,480.	80,750.	4,128.
d	POSTAGE	133,555.	127,613.	5,923.	19.
е	All other expenses	480,638.	417,915.	58,929.	3,794.
25	Total functional expenses. Add lines 1 through 24e	370,501,500.	368,234,367.	1,649,406.	617,727.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
_					- 000 (2222)

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Form **990** (2022)

Form	990	(2022)

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Form 990 Part X						2775991 Page 1
	Check if Schedule O contains a response or not	te to any line in th	is Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			24,601,929.	1	23,956,286
2	Savings and temporary cash investments			68,354.	2	68,375
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			10,273,139.	4	7,343,576
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of thes				5	
6	Loans and other receivables from other disquali					
	under section 4958(f)(1)), and persons described				6	
<u> </u>	Notes and loans receivable, net			13,165,157.	7	13,453,296
Assets	Inventories for sale or use				8	
§   9	Prepaid expenses and deferred charges			35,518.	9	77,822
10 a	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	942,352.			
	b Less: accumulated depreciation		647,431.	493,458.	10c	294,921
11	Investments - publicly traded securities			9,303,558.	11	10,037,404
12	Investments - other securities. See Part IV, line 1			219,627.	12	411,000
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			983,402.	15	9,507,976
16	Total assets. Add lines 1 through 15 (must equa			59,144,142.	16	65,150,656
17	Accounts payable and accrued expenses			3,915,551.	17	3,873,579
18	Grants payable			18		
19	Deferred revenue			21,990,865.	19	19,018,038
20	Tax-exempt bond liabilities			7,396,570.	20	7,155,726
21	Escrow or custodial account liability. Complete I				21	
ທ 22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of thes				22	
<b>-</b> 23	Secured mortgages and notes payable to unrela			23		
24	Unsecured notes and loans payable to unrelated				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines					
	of Schedule D			11,688,978.	25	20,747,533
26	Total liabilities. Add lines 17 through 25			44,991,964.	26	50,794,876
	Organizations that follow FASB ASC 958, che	eck here X				
Se	and complete lines 27, 28, 32, and 33.					
<u>E</u> 27	Net assets without donor restrictions		14,152,178.	27	14,355,780	
28	Net assets with donor restrictions				28	
pun	Organizations that do not follow FASB ASC 9					
Ĩ	and complete lines 29 through 33.					
ວັ 29	Capital stock or trust principal, or current funds			29		
19 30	Paid-in or capital surplus, or land, building, or eq			30		
Š 31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances 8 25 8 15 8 26 8 27 8 26 8 26 8 26 8 26 8 26 8 26 8 26 8 26	Total net assets or fund balances			14,152,178.	32	14,355,780
33	Total liabilities and net assets/fund balances			59,144,142.	33	65,150,656
						Form <b>990</b> (202

232011 12-13-22

METRO	OPOLITZ	AN BOST	FON HOUS	ING	PARTNERSHIP
TNC	D/R/A	METRO	HOUSTNG	BOS	STON .

	1990 (2022) INC. D/B/A METRO HOUSING BOSTON	04-	2775	991	Pa	ge <b>12</b>
Pa	rt 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	369			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,50		
3	Revenue less expenses. Subtract line 2 from line 1	3		-617,591		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	,15		
5	Net unrealized gains (losses) on investments		82	1,1	93.	
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	14	,35	5,7	80.
Pa	rt 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 X Accrual Other				Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					
22	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		x
24	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed			20		
	separate basis, consolidated basis, or both:	aona				
	Separate basis Consolidated basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat					
	consolidated basis, or both:	o 20010,				
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit.				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	Х	
					000	

Form **990** (2022)

232012 12-13-22

SCHEI (Form 99	<b>DULE A</b> 90)		Public Cha omplete if the organ 494		OMB No. 1545-0047				
Department Internal Reve	of the Treasury nue Service			ttach to Form 990 or Fo Form990 for instruction			formation		Open to Public Inspection
	the organizati		v	OSTON HOUSIN				Employer	identification number
	ano organizati			RO HOUSING B					4-2775991
Part I	Reason			(All organizations must c			See instructio		
				(For lines 1 through 12, c					
<b>1</b>				on of churches described					
2				Attach Schedule E (Forn			•,,,•,,,•		
3				anization described in <b>se</b>		)(b)(1)(A)(i	ii).		
4	•	•		njunction with a hospital			-	(iii). Enter	the hospital's name.
	city, and stat	-		·				-,,-,,- =·····	·····,
5	•		or the benefit of a co	llege or university owned	d or opera	ted by a q	overnmental	unit descrik	bed in
			Complete Part II.)	5 ,	I	, ,			
6				nental unit described in s	section 17	70(b)(1)(A)	(v).		
7 X				Intial part of its support f				the general	public described in
	section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultura	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	unction with a	a land-grant	college
	or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state c	of the colleg	e or
	university:								
10	An organizati	on that norma	ally receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	ship fees, a	nd gross receipts from
	activities rela	ted to its exer	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment
	income and ι	Inrelated busi	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	uired by the o	rganization	after June 30, 1975.
	See section	<b>509(a)(2).</b> (Co	mplete Part III.)						
11 🛄	An organizati	on organized	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12	An organizati	on organized	and operated exclus	ively for the benefit of, to	perform t	the function	ons of, or to c	arry out the	e purposes of one or
	more publicly	supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section a	509(a)(2).	See section	<b>509(a)(3).</b> (	Check the box on
_	lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and com	nplete line	s 12e, 12f, ar	id 12g.	
a 🗆				supervised, or controlled	•	-			
		-		gularly appoint or elect a	a majority (	of the dire	ctors or trust	ees of the s	supporting
	ΤČ		complete Part IV, Se						
b 🗆			-	d or controlled in connec			-		-
		-		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
	¬ ~	. ,	t complete Part IV,						
c 🗆	••	-	•	g organization operated				ally integrate	ed with,
a [		•		s). You must complete I			-		
d 🗆				oorting organization oper					
				zation generally must sat				io an alleni	iveness
e 🗌				nplete Part IV, Sections written determination fro					
e		Ũ		nally integrated support			а турет, турс	еп, туре п	
f Ent	er the number	-							
			n about the supporte	ed organization(s)					
	(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other
	organizatior	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
<u> </u>									
Total									1

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Schedule A	(Form 990)	2022	INC.	D/B/A	METRO	HOUSING	BOSTON	04-277599
Part II	Suppor	t Schedule	for Orgai	nizations	Describe	d in Section	s 170(b)(1)(A	)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1155869.	1513895.	1976004.	1963863.	2105225.	8714856.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 3	1155869.	1513895.	1976004.	1963863.	2105225.	8714856.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						0014056	
	Public support. Subtract line 5 from line 4.						8714856.	
	ction B. Total Support	1				· · · · · · · · · · · · · · · · · · ·		
	ndar year (or fiscal year beginning in)	(a)2018 1155869.	(b) 2019 1513895.	(c) 2020 1976004.	(d) 2021 1963863.	(e) 2022 2105225.	(f) Total 8714856.	
	Amounts from line 4	1122003.	1212692.	1976004.	1903003.	2105225.	8/14830.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	249 250	-252,279.	491,795.	366,048.	155,646.	1009569.	
-	and income from similar sources	240,339.	-252,219.	491,795.	300,040.	155,040.	1009509.	
9	Net income from unrelated business							
	activities, whether or not the							
40	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)						9724425.	
	Total support. Add lines 7 through 10					12 1,441	,686,747.	
12	Gross receipts from related activities, First 5 years. If the Form 990 is for th			fourth or fifth tox			,000,747.	
13	organization, check this box and stop	•			-			
Sec	ction C. Computation of Publ						·····	
	Public support percentage for 2022 (			column (f))		14	89.62 %	
	Public support percentage from 2021						89.40 %	
	<b>33 1/3% support test - 2022.</b> If the						, -	
	stop here. The organization qualifies	-						
b	<b>33 1/3% support test - 2021.</b> If the o							
	and <b>stop here.</b> The organization qua	•						
17a								
	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	<b>b 10%</b> -facts-and-circumstances test - 2021. 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	•				•		
	organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization							
							(Form 990) 2022	

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METROPOLITAN	BOSTON	HOUSING	PARTNERSHIP

Schedule A (Form 990) 2022

#### INC. D/B/A METRO HOUSING BOSTON Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		_				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	ercentage			<u></u>	
15	Public support percentage for 2022 (	line 8, column (f), d	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage	)			
17	Investment income percentage for 20	<b>)22</b> (line 10c, colur	mn (f), divided by	ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3% , and line $^{-1}$	17 is not
	more than 33 1/3%, check this box a	and <b>stop here.</b> The	organization qual	ifies as a publicly	supported organiz	ation	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	t <b>op here.</b> The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	
23202	23 12-09-22					Schedule A	A (Form 990) 2022
				17			
310	)103 735621 MBHP	202	22.05010	METROPOLI	TAN BOSTO	N HOUSING	MBHP1

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

# Schedule A (Form 990) 2022 INC. Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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Sche	dule A	(Form 990) 2022			METRO	HOUSING	BOSTON	04-2	//599	⊥ Pa	age <b>5</b>
Par	t IV	Supporting Organiz	ations _{(c}	continued)							
			•	-						Yes	No
11	Has t	he organization accepted a	gift or con	tribution fro	m any of the	following persor	ns?				
а	A per	son who directly or indirect	ly controls,	, either alone	e or together	with persons de	escribed on lines 11b a	nd			
	11c b	elow, the governing body o	of a suppor	ted organiza	ition?				11a		
b	A fam	nily member of a person des	scribed on	line 11a abo	ve?				11b		
с	A 35%	% controlled entity of a pers	son describ	ed on line 1	1a or 11b at	ove?If "Yes" to	line 11a, 11b, or 11c, p	rovide			
	detail	in Part VI.							11c		
Sec	tion I	B. Type I Supporting	Organiz	ations							
										Yes	No
1	more direct effect	ne governing body, member supported organizations ha tors, or trustees at all times tively operated, supervised, nization, describe how the p	ave the pow during the or controlle	wer to regula tax year? If ed the orgar	arly appoint o "No," descri nization's act	or elect at least a be in <b>Part VI</b> hou ivities. If the orga	a majority of the organiz w the supported organi anization had more than	ation's officers, zation(s) one supported			

	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,
	supervised, or controlled the supporting organization.

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

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	yeat	see instruction	ns).

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

с		The organization supported a	a governmental entity	. Describe in Part VI how	you supported a governm	ental entity (see instructions).
---	--	------------------------------	-----------------------	---------------------------	-------------------------	----------------------------------

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

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Yes

2a

2b

За

3b

Schedule A (Form 990) 2022

No

1

2

Schedule A (Form 990	)) 2022	INC.	D/B/A	MET
	,			

TRO HOUSING BOSTON Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 04-2775991 Page 6

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 s	hort-term capital gain	1		
2 Reco	veries of prior-year distributions	2		
3 Other	r gross income (see instructions)	3		
4 Add I	ines 1 through 3.	4		
5 Depre	eciation and depletion	5		
6 Portio	on of operating expenses paid or incurred for production or			
collec	ction of gross income or for management, conservation, or			
maint	enance of property held for production of income (see instructions)	6		
7 Other	r expenses (see instructions)	7		
8 Adjus	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B -	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	egate fair market value of all non-exempt-use assets (see			
instru	ctions for short tax year or assets held for part of year):			
a Avera	age monthly value of securities	1a		
<b>b</b> Avera	age monthly cash balances	1b		
<b>c</b> Fair n	narket value of other non-exempt-use assets	1c		
d Total	(add lines 1a, 1b, and 1c)	1d		
e Disco	ount claimed for blockage or other factors			
(expla	ain in detail in <b>Part VI</b> ):			
2 Acqu	isition indebtedness applicable to non-exempt-use assets	2		
3 Subtr	ract line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see ir	nstructions).	4		
5 Net v	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multip	oly line 5 by 0.035.	6		
7 Reco	veries of prior-year distributions	7		
8 Minir	num Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
1 Adjus	sted net income for prior year (from Section A, line 8, column A)	1		
2 Enter	0.85 of line 1.	2		
3 Minim	num asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter	greater of line 2 or line 3.	4		
5 Incon	ne tax imposed in prior year	5		
6 Distr	ibutable Amount. Subtract line 5 from line 4, unless subject to			
	gency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function			

instructions).

Schedule A (Form 990) 2022

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-		TRO HOUSING BO		0	4-2775991	Page 7
Par	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a)(3) Supporting Org	anizations (continu	ued)		
	on D - Distributions				Current Yea	ar
1	Amounts paid to supported organizations to accomplish exe			1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5		
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e			
	(provide details in <b>Part VI</b> ). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	(1)	()	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributab Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
-	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: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	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	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
b	Excess from 2019					
с	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

232027 12-09-22

	(Form 990) 2022		B/A METRO	ON HOUSING HOUSING BOS	STON	04-2775991 _{Pag}
art VI	Supplemental Information Part IV, Section A, lines 1,	, 2, 3b, 3c, 4b, 4 lines 2 and 3; Pa	lc, 5a, 6, 9a, 9b, 9c, art IV, Section E, line	11a, 11b, and 11c; P s 1c, 2a, 2b, 3a, and	art IV, Section B, line 3b; Part V, line 1; Par	s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

04-2775991

METRO	)POLI	TAN	BOS	LON	HOUS	ING	PARTN	JERSHIP
INC.	D/B/2	A MI	ETRO	HOU	JSING	BOS	STON	

Organization type (check of	IC).
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is received *nonexclusively* religious.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

#### Schedule B (Form 990) (2022)

Name of organization METROPOLITAN BOSTON HOUSING PARTNERSHIP INC. D/B/A METRO HOUSING BOSTON Employer identification number

04-2775991

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEI GENERAL CONTRACTING 27 PACELLA PARK DR RANDOLPH, MA 02368-1755	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DEBORAH W. AND TIMOTHY P. MOORE FUND 55 ASPEN AVE AUBURNDALE, MA 02466-3002	\$ <u>45,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	BANK OF AMERICA CHARITABLE FOUNDATION, INC. 100 FEDERAL ST FL 8 BOSTON, MA 02110-1898	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JESK FOUNDATION 31 BISBEE LANE BEDFORD HILLS, NY 10507	\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MBHP OFFICE CORPORATION1411 TREMONT STREETBOSTON, MA 02120	\$ <u>295,104.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	FOOTE-RICHARDS FAMILY FOUNDATION 75 ARLINGTON ST FL 10 BOSTON, MA 02116-3936	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
223452 11-1	5-22	•	Schedule B (Form 990) (2022)

13310103 735621 MBHP

24 2022.05010 METROPOLITAN BOSTON HOUSING MBHP___1

Page **2** 

#### Schedule B (Form 990) (2022)

Name of organization METROPOLITAN BOSTON HOUSING PARTNERSHIP

INC. D/B/A METRO HOUSING BOSTON

Employer identification number

04-2775991

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BETH ISRAEL DEACONESS MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA 02215-5491	\$ <u>380,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	UNITED WAY OF MASSACHUSETTS BAY AND MERRIMACK VALLEY 9 CHANNEL CTR ST STE 500 BOSTON, MA 02210-3429	\$91,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	HEALTH RESOURCES IN ACTION (HRIA) 2 BOYLSTON STREET BOSTON, MA 02116-4737	\$ <u>83,960.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	KBK FOUNDATION 555 17TH ST STE 3200 DENVER, CO 80202-3921	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	SANTANDER BANK FOUNDATION 75 STATE STREET, 4TH FLOOR BOSTON, MA 02109	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
223452 11-1	D-22		Schedule B (Form 990) (2022)

13310103 735621 MBHP

25 2022.05010 METROPOLITAN BOSTON HOUSING MBHP___1

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

#### Schedule B (Form 990) (2022) Name of organization

Part II

(a)

#### METROPOLITAN BOSTON HOUSING PARTNERSHIP INC. D/B/A METRO HOUSING BOSTON

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Employer identification number

04 - 2775991

(c)

ame of organiz				Employer identification nu
	ITAN BOSTON HOUSING P			
	3/A METRO HOUSING BOST clusively religious, charitable, etc., contributio		section 501(c)(7)	04 - 2775991 (8) or (10) that total more than \$1,000 for :
from	m any one contributor. Complete columns (a) the provide the provided of the pr	arough (e) and the following line e	ntry For organizati	ons
Use	e duplicate copies of Part III if additional sp	Dace is needed.	or less for the year. (E	
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I	(b) Fulpose of gift	(c) use of gift		(d) Description of now girt is neid
		(e) Transfer of g	gift	
	<b>T</b>		Deletier	
	Transferee's name, address, and		Relation	ship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	gift	
			-	
	Transferee's name, address, and	d ZIP + 4	Relation	ship of transferor to transferee
		[		
<del>-</del>				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	nift	
			,	
	Transferee's name, address, and	d ZIP + 4	Relation	ship of transferor to transferee
			1	
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
			[	
		(e) Transfer of g		
			jiil	
	Transferee's name, address, and	d ZIP + 4	Relation	ship of transferor to transferee
3454 11-15-22		· · ·		Schedule B (Form 99
	35621 МВНР 2	27		BOSTON HOUSING MBHP_

SCHEDULE C	Pc	olitical Campaign a	nd Lobbyin	g Activities	OMB No. 1545-0047
(Form 990)	For Org	anizations Exempt From Income	- Tax I Inder section (	2022	
		if the organization is described			7
Department of the Treasury Internal Revenue Service	Inspection				
		Form 990, Part IV, line 3, or Fo		ne 46 (Political Campai	gn Activities), then
	-	nplete Parts I-A and B. Do not con	-		<b>D</b>
		01(c)(3)) organizations: Complete I	Parts I-A and C below.	. Do not complete Part I	-В.
<ul> <li>Section 527 organiz</li> <li>If the organization and</li> </ul>		n Form 990, Part IV, line 4, or Fo		no 47 (Lobbying Activit	tios) than
		have filed Form 5768 (election und			
	-	have NOT filed Form 5768 (electic		-	
	-	n Form 990, Part IV, line 5 (Proxy	-		
Tax) (See separate inst	tructions), then				
	-	tions: Complete Part III.			
Name of organization		LITAN BOSTON HOUS		RSHIP  En	nployer identification number
Deut I A Comm		B/A METRO HOUSING		an is a section 507	04-2775991
Part I-A Compl	ete if the org	anization is exempt unde	er section 501(c)	or is a section 527	organization.
<ul> <li>Drovido o doporinti</li> </ul>	on of the evenui-	ration's direct and indirect politics	Loompoign optivition i	n Dart IV	
		zation's direct and indirect politica rures			¢
		gn activities			
		g det			
Part I-B Compl	ete if the org	ganization is exempt unde	er section 501(c)(	(3).	
		incurred by the organization under			
		incurred by organization manager			
		n 4955 tax, did it file Form 4720 fo			
					Yes No
b If "Yes," describe in		anization is exempt unde	r section 501(c)	except section 50	1(~)(3)
-		d by the filing organization for sec		-	
		ization's funds contributed to oth			Ψ
			-		\$
		. Add lines 1 and 2. Enter here an			·
line 17b					\$
4 Did the filing organ	ization file <b>Form</b>	1120-POL for this year?			Yes No
		nployer identification number (EIN		-	
	-	tion listed, enter the amount paid			-
		omptly and directly delivered to a additional space is needed, provid			arate segregated fund or a
(a) Name				1	m (a) Amount of political
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid from filing organization's	
				funds. If none, enter -	0 promptly and directly
					delivered to a separate political organization.
					If none, enter -0
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form 99	90 or 990-EZ.		Schedule C (Form 990) 2022

232041 11-08-22

0-	bodula O (T					USING PARTN		775001 Dec 0
_	Part II-A	form 990) 2022 Complete if the org			METRO HOUSI			775991 Page 2
•		section 501(h)).	Jamzation					
A	Check	if the filing organiza	tion belongs	to an affi	liated group (and list ir	n Part IV each affiliated	group member's nan	ne, address, EIN,
		expenses, and sha	-		• • •		0	, , ,
в	Check	if the filing organiza	tion checked	box A ar	nd "limited control" pro	ovisions apply.		
			ts on Lobbyiı ditures" mea	• •	nditures Ints paid or incurred.	)	<b>(a)</b> Filing organization's totals	(b) Affiliated group totals
1	a Total lol	bying expenditures to infl	uence public	opinion (	grassroots lobbying)			
	b Total lol	obying expenditures to infl	uence a legisl	ative boo	dy (direct lobbying)			
	c Total los	obying expenditures (add li	nes 1a and 1	b)				
		kempt purpose expenditure						
	e Total ex	empt purpose expenditure	s (add lines 1	c and 1c	ł)			
		g nontaxable amount. Ente		t from the	e following table in bot	h columns.		
		ount on line 1e, column (a) c	or (b) is:		bying nontaxable am			
		r \$500,000			the amount on line 1e.			
		00,000 but not over \$1,00		. ,	0 plus 15% of the exc	. ,		
		,000,000 but not over \$1,5			0 plus 10% of the exc			
		,500,000 but not over \$17,	000,000		0 plus 5% of the exce	ess over \$1,500,000.		
	Over \$1	7,000,000		\$1,000,0	JUU.			
	a Grassro	ots nontaxable amount (er	tor 25% of lir	1f)				
		t line 1g from line 1a. If zer		•				
		t line 1f from line 1c. If zero						
		is an amount other than ze						
	-	g section 4911 tax for this					]	Yes No
					eraging Period Under			
		(Some organizations t	hat made a s	ection 5		have to complete all	of the five columns <b>k</b>	elow.
_			Lobbyir	ng Exper	nditures During 4-Yea	ar Averaging Period		
		Calendar year al year beginning in)	<b>(a)</b> 201	19	<b>(b)</b> 2020	(c) 2021	( <b>d)</b> 2022	(e) Total
2	<b>2a</b> Lobbyin	g nontaxable amount						
		g ceiling amount						
	(150% d	of line 2a, column(e))						
	c Total lot	obying expenditures						
	d Grassro	ots nontaxable amount						
		ots ceiling amount of line 2d, column (e))						
	f Grassro	ots lobbying expenditures						

Schedule C (Form 990) 2022

232042 11-08-22

#### INC. D/B/A METRO HOUSING BOSTON 04-2775991 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(4	a)	(	b)
of th	e lobbying activity.	Yes	No	Ame	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	v		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X X		
	Publications, or published or broadcast statements?		X X		
	Grants to other organizations for lobbying purposes?	X	A	8	6,143.
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	0	5,145.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	x			689.
	Other activities?			8	6,832.
	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		х		5,052.
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5). or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 3, is
1	answered "Yes."         Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi				
-	expenses for which the section 527(f) tax was paid).	oui			
а	Current year		2a		
	Carryover from last year				
с					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part I	I-A, lines 1 a	and 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
CH:	LEF OPERATING OFFICER AND CONSULTANT MET WITH LEGIS	SLATORS	S AND	THEIR	
a	ARE NO DIGGUAR DENDINA LEGISLATON NOD HOUSING DOL	- 037			
STI	AFF TO DISCUSS PENDING LEGISLATION AND HOUSING POLI	.CY.			

Schedule C (Form 990) 2022

232043 11-08-22

SC	HEDULE D		al Financial Statement nization answered "Yes" on Form 990,	s	OMB No. 1545-0047
(Forr	n 990)	Ph	ZUZZ		
	ment of the Treasury	A	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 ttach to Form 990.		Open to Public
	I Revenue Service		Ofor instructions and the latest information N HOUSING PARTNERSHI		Inspection
Nam	e of the organizatio	INC. D/B/A METRO H			identification number 4-2775991
Pa	rt I Organizat	tions Maintaining Donor Advise			
. a		answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds and	d other accounts
1	Total number at end	d of year			
2		contributions to (during year)			
3		grants from (during year)			
4	Aggregate value at	end of year			
5	Did the organization	n inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds	
	are the organization	n's property, subject to the organization's	exclusive legal control?		Yes No
6		n inform all grantees, donors, and donor a			
		oses and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring	
Do	impermissible priva				Yes No
		tion Easements. Complete if the org		Part IV, line 7.	
1		ervation easements held by the organizati	· · · · · · · · · · · · · · · · · · ·	fabiotorically impor	tant land area
		of land for public use (for example, recrea natural habitat		f a historically impor f a certified historic s	
		of open space		ra certined historic :	Siluciule
2		hrough 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation e	asement on the last
-	day of the tax year.	<b>a b</b> .			at the End of the Tax Year
а	Total number of cor	nservation easements		2a	
b		cted by conservation easements			
с		ation easements on a certified historic structure			
d		ation easements included in (c) acquired a			
	historic structure lis	sted in the National Register		2d	
3	Number of conservation	ation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization durin	g the tax
	year				
4		where property subject to conservation eas			
5		on have a written policy regarding the per			<b>—</b>
•		rcement of the conservation easements it			
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	iservation easement	is during the year
7	Amount of oxponso		lling of violations, and onforcing conson	ation accomente du	ring the year
'	Amount of expense	es incurred in monitoring, inspecting, hand	and enforcing conserva	alion easements du	ning the year
8	Does each conserv	 ation easement reported on line 2(d) abov	ve satisfy the requirements of section 170	)(h)(4)(B)(i)	
Ū		4)(B)(ii)?			Yes No
9		e how the organization reports conservation			
		include, if applicable, the text of the footr			the
		ounting for conservation easements.	-		
Pa		tions Maintaining Collections of		Other Similar As	ssets.
	Complete if t	the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet v	works
		asures, or other similar assets held for put		•	;
	· •	Part XIII the text of the footnote to its finar			
b		elected, as permitted under FASB ASC 95			
		ures, or other similar assets held for public	exhibition, education, or research in furt	herance of public se	ervice,
	•	ig amounts relating to these items:		٠	
		led on Form 990, Part VIII, line 1			
2		d in Form 990, Part X eceived or held works of art, historical trea	asures or other similar assets for financia		
2		nts required to be reported under FASB A		a gan, provide	
а		on Form 990, Part VIII, line 1		\$	
		Form 990, Part X			
		duction Act Notice, see the Instructions			dule D (Form 990) 2022
	1 09-01-22	,			· · · · · · · · · · · · · · · · · · ·
			31		

13310103 735621 MBHP 2022.05010 METROPOLITAN BOSTON HOUSING MBHP___1

	METROPO	LITAN BOST	ON HOUS	SING PA	RTNERSH			
-	/	B/A METRO					-2775991	U
Pa	t III Organizations Maintaining C	ollections of A	rt, Historio	al Treasu	res, or Oth	er Similar A	Assets(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, check any	of the followi	ng that make	significant use	of its	
	collection items (check all that apply):							
а	Public exhibition	d	🗆 🛄 Loan	or exchange	program			
b	Scholarly research	e	U Othe					
с	Preservation for future generations							
4	Provide a description of the organization's co						n Part XIII.	
5	During the year, did the organization solicit of		,	,				<b>—</b>
De	to be sold to raise funds rather than to be ma						Yes	No No
Pa	<b>t IV</b> Escrow and Custodial Arrang	-	ete if the orga	nization answ	/ered "Yes" oi	n Form 990, Pa	rt IV, line 9, or	
	reported an amount on Form 990, Par		l'an fau aantu	:		t in alcoda al		
1a	Is the organization an agent, trustee, custodi		-				□ v _a a	
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a						Yes	└── No
b	in res, explain the arrangement in Part All a	and complete the lo	nowing table.				Amount	
~	Reginning balance					1c	, incarie	
	Beginning balance Additions during the year							
	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Fo						Yes	No
	If "Yes," explain the arrangement in Part XIII.					• • • • • • • • • • • • • • • • • • • •		
Pai	t V Endowment Funds. Complete if	the organization an	swered "Yes	" on Form 990	), Part IV, line	10.		
		(a) Current year	<b>(b)</b> Prior y	ear <b>(c)</b> Tv	vo years back	(d) Three years	back <b>(e)</b> Four y	ears back
1a	Beginning of year balance							
b	Contributions							
с	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr		e (line 1g, co	lumn (a)) held	as:			
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
с	,	6						
•	The percentages on lines 2a, 2b, and 2c show							
3a	Are there endowment funds not in the posse	ssion of the organization	ation that are	held and adn	ninistered for	the		es No
	organization by:							
	(i) Unrelated organizations							
h	(ii) Related organizations							_
4	Describe in Part XIII the intended uses of the							
<u> </u>	t VI Land, Buildings, and Equipm							
	Complete if the organization answered		), Part IV, line	11a. See For	m 990, Part X	(, line 10.		
	Description of property	<b>(a)</b> Cost or o basis (investr	ther (I	) Cost or othe basis (other)	er (c) A	Accumulated	(d) Book v	/alue
1a	Land							
	Buildings							
	Leasehold improvements							
d	Equipment			942,3	52.	647,431	. 294	,921.
	Other							
Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B	), line 10c.)			294	,921.

Schedule D (Form 990) 2022

04-2775991 Page 3

Part VII Investments - Other Securities.	METRO HOUSING	3 0001010	04-2//5991 Page
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 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	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 000 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	
		(c) we mode of valuation. Cost	or chu or year market value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15	
	Description		(b) Book value
(1) CLIENT DEPOSITS			900,183
(2) OPERATING LEASE RIGHT OF	USE ASSET		8,607,793
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	0.15)		9,507,976
Part X Other Liabilities.			5,507,570
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. I	line 25.
I.         (a) Description of liability			(b) Book value
(1) Federal income taxes			
(1) CEDAC HOME MODIFICATION L	OANS		10,015,357
(3) CLIENT DEPOSITS			895,575
(4) OPERATING LEASE LIABILITY			9,836,601
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		20,747,533
2. Liability for uncertain tax positions. In Part XIII, provide			

232053 09-01-22

Sche	dule D (Form 990) 2022 INC. D/B/A METRO HOUSING		04-2775991 _{Page}	<b>∋4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial State	ments With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7	12a.		
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	rt 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:

THE ORGANIZATION EVALUATES TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN
ITS TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE
MORE-LIKELY-THAN-NOT OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY.
TAX POSITIONS NOT DEEMED TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD, ALONG
WITH ACCRUED INTEREST AND PENALTY THEREON WOULD BE RECORDED AS AN EXPENSE
IN THE CURRENT YEAR FINANCIAL STATEMENTS. AT JUNE 30, 2023 THE
ORGANIZATION BELIEVES THAT IT HAS NO UNCERTAIN TAX POSITIONS WITHIN ANY OF
ITS OPEN TAX YEARS (2019-2022).

232054 09-01-22

Schedule D (Form 990) 2022	METROPOLITAN BOSTON HOUSING PART INC. D/B/A METRO HOUSING BOSTON	NERSHIP 04-2775991 Page 5
Part XIII Supplemental Infor	mation (continued)	
		Schedule D (Form 990) 2022
232055 09-01-22		
310103 735621 MBHP	35 2022.05010 METROPOLITAN E	OSTON HOUSING MBHP 1

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SCHEDULE G	Suppleme	ntal Informatio	n Regarding	Fun	drais	ing or Gaming	Activ	vities	OMB No. 1545-0047
(Form 990)						Part IV, line 17, 18, o rm 990-EZ, line 6a.		or if the	2022
Department of the Treasury		Attac	h to Form 990	or For	m 990	-EZ.			Open to Public
Internal Revenue Service						he latest informatio			Inspection
Name of the organizatior		LITAN BOSI B/A METRO						Employer $104 - 277$	dentification number 75991
	ing Activities.		ganization answe	ered "\	es" o	n Form 990, Part IV,	line 1	7. Form 990	-EZ filers are not
1 Indicate whether the			ny of the followi	na acti	vities	Check all that apply	,		
a Mail solicitat	•	sed funds through a		Ũ		overnment grants	•		
	email solicitations	3			•	nment grants			
c Phone solicit			g Special		•	•			
d 🗌 In-person so	licitations				Ū				
2 a Did the organizatio	n have a written c	or oral agreement wi	th any individua	l (inclu	ding o	fficers, directors, tru	stees,	, or	
key employees list	ed in Form 990, P	art VII) or entity in c	onnection with p	profess	ional f	fundraising services?	?	Υ	'es 🗌 No
<b>b</b> If "Yes," list the 10	highest paid indiv	iduals or entities (fu	undraisers) purs	uant to	agree	ements under which	the fu	ndraiser is t	o be
compensated at le	ast \$5,000 by the	organization.							
				(iii)	Did		(v)	Amount paid	
(i) Name and addres		(ii) Act	ivitv	fùnđ	raiser	(iv) Gross receipts	tò (o	r retained by	
or entity (fund	Iraiser)		2	or cor contrib	ntrol of utions?	from activity		undraiser ed in col. <b>(i)</b>	organization
				Yes	No			.,	
				1	1				
Total           3         List all states in whi	ch the organizatio	n is registered or lic	ensed to solicit	contrik	oution	I s or has been notified	l d it is	exempt fron	n registration
or licensing.									

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

Schedule G (Form 990) 2022

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04-2775991 Page 2

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

		of fundraising event contributions and gr	oss income on Form 990	)-EZ, lines 1 and 6b. List		ots greater than \$5,000.	
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
Revenue			(event type)	(event type)	(total number)	– col. <b>(c)</b> )	
	1	Gross receipts	425,925.			425,925.	
	2	Less: Contributions	315,780.			315,780.	
	3	Gross income (line 1 minus line 2)	110,145.			110,145.	
	4	Cash prizes					
6	5	Noncash prizes					
pense	6	Rent/facility costs	28,670.			28,670.	
Direct Expenses	7	Food and beverages	34,514.			34,514.	
D	8	Entertainment	7,000.			7,000.	
	9	Other direct expenses	39,961.				
	10	110,145.					
_	11	0.					
Ра	rt I	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than		
Revenue		• • • , • • • • • • • • • • • • • • • •	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Rev	1	Gross revenue					
ses	2	Cash prizes					
zpens	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
	5	Other direct expenses			[]		
	6	Volunteer labor	Yes%	└── Yes% └── No	└── Yes % └── No		

8 Net gaming income summary. Subtract line 7 from line 1, column (d) .

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? _____ Yes L b If "No," explain:

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ **Yes b** If "Yes," explain:

7 Direct expense summary. Add lines 2 through 5 in column (d)

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Schedule G (Form 990) 2022

No

__ No

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Sob	edule G (Form 990) 2022 METROPOLITAN BOSTON HOUSING PARTNERSHIP	775	991	Dog	~ 2
	Does the organization conduct gaming activities with nonmembers?		Yes	Ť	e 3 No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		162		NU
	to administer charitable gaming?		Yes		No
13	Indicate the percentage of gaming activity conducted in:				
á	The organization's facility	13a			%
	An outside facility	13b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes		No
	<ul> <li>If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$</li> <li>If "Yes," enter name and address of the third party:</li> </ul>				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
	Mandatory distributions: I is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Yes		No
	organization's own exempt activities during the tax year \$				
Pa	<b>ITTIV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	rt III, lir	nes 9,	9b, 10	)b,
2320	83 10-27-22 Schedu	ule G (	Form	990) 2	2022
	38	-			

Sabadula G	(Earm 000)			AN BOSTO METRO H			TNERSHI	P 04-277	75991 Page 4
Part IV	(Form 990) Supplemental Infor	mation	(continued)	<u>muino i</u>	10001110	DODION		04 277	JJJ - Fage 4
232084 04-01-2	22				2.0			Sche	dule G (Form 990)
310103	735621 MBHP		202	2.05010	39 METROB	POLITAN	BOSTON	HOUSING	MBHP1

13

SCHE	EDULE J	Compensation Information	I	OMB No. 1	1545-00	47			
	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2022					
-	-	Compensated Employees		ZU	LL	•			
Denertme	ant of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Pu					
	ent of the Treasury Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection					
Name	of the organizatio	METROPOLITAN BOSTON HOUSING PARTNERSHIP	Employer id			mber			
		INC. D/B/A METRO HOUSING BOSTON	04-2	77599	1				
Part	I Question	s Regarding Compensation							
-					Yes	No			
<b>1a</b> C	heck the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,						
Pa	art VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c	harter travel Housing allowance or residence for perso	nal use						
	Travel for com	panions	sidence						
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s						
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)						
<b>b</b> If	any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or							
re	imbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b					
		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
tru	ustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2					
<b>3</b> In	dicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	S						
C	EO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to						
es	stablish compens	ation of the CEO/Executive Director, but explain in Part III.							
2	Compensatior	n committee Written employment contract							
		compensation consultant Compensation survey or study							
	Form 990 of o	ther organizations I Approval by the board or compensation of	ommittee						
4 D	uring the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
or	rganization or a re	lated organization:							
a Re	eceive a severand	e payment or change-of-control payment?		4a		X			
b Pa	articipate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X			
c Pa	articipate in or rec	eive payment from an equity-based compensation arrangement?		4c		X			
lf	"Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
<b>5</b> Fo	or persons listed o	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on						
cc	ontingent on the r	evenues of:							
a Th	ne organization?			5a		X			
<b>b</b> Ai	ny related organiz	ation?		5b		X			
lf	"Yes" on line 5a c	or 5b, describe in Part III.							
<b>6</b> Fo	or persons listed o	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	วท						
cc	ontingent on the r	net earnings of:							
a Th	ne organization?			6a		X			
<b>b</b> Ai	ny related organiz	ation?				X			
lf	"Yes" on line 6a o	or 6b, describe in Part III.							
	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
		nes 5 and 6? If "Yes," describe in Part III		7		X			
<b>8</b> W	/ere any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t	he						
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X			
		id the organization also follow the rebuttable presumption procedure described in							
		n 53.4958-6(c)?		9					
LHA F	or Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	n 990)	) 2022			

232111 10-18-22

#### METROPOLITAN BOSTON HOUSING PARTNERSHIP

Schedule J (Form 990) 2022

INC. D/B/A METRO HOUSING BOSTON 04-2775991

Page 2

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHRISTOPHER T. NORRIS	(i)	215,461.	0.	0.	7,554.	17,442.	240,457.	0.
PRESIDENT/EXEC. DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANNE ROUSSEAU	(i)	160,400.	0.	0.	5,223.	928.	166,551.	0.
TREASURER/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTINE PEARSON	(i)	159,067.	0.	0.	4,765.	606.	164,438.	0.
CHIEF HUMAN RELATIONS OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

#### Part III Supplemental Information

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

PART I, LINE 3:

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS SET BY THE ORGANIZATION'S

EXECUTIVE COMMITTEE BASED UPON COMPARABLE COMPENSATION DATA FOR THE SAME

POSITION FOR ORGANIZATIONS OF SIMILAR SIZE WITHIN THE INDUSTRY. THE

DECISION OF THE EXECUTIVE COMMITTEE IS REVIEWED BY THE BOARD OF DIRECTORS

PRIOR TO BEING FINALIZED.

Schedule J (Form 990) 2022

Name of the organization       METROPOLITAN BOSTON HOUSING PARTNERSHIP INC. D/B/A METRO HOUSING BOSTON       Employer identification numl 04-2775991         Part1       Bond Issues       SEE PART VI FOR COLUMN (A) CONTINUATIONS       (f) Description of purpose       (g) Defeased (h) On behalf of issuer       (h) On behalf innact       (h) On behalf of issuer	OMB No. 1545-0047 2022 Open to Public Inspection	
(a) Issuer name       (b) Issuer EIN       (c) CUSIP #       (d) Date issued       (e) Issue price       (f) Description of purpose       (g) Defeased       (h) On behalf       (i) Poc         MASSACHUSETTS A DEVELOPMENT FINANCE AGEN 04-3431814 NONEAVAIL       07/01/16       8,500,000.CONSTRUCTION       X       X       X       X         B	ber	
MASSACHUSETTS       of issuer       finance         MASSACHUSETTS       mathematical and the second		
MASSACHUSETTS       Yes       No       Yes       No <td></td>		
MASSACHUSETTS       FACILITY       X       X         A DEVELOPMENT FINANCE AGEN04-3431814NONEAVAIL       07/01/16       8,500,000.CONSTRUCTION       X       X         B                C                 D	_	
A DEVELOPMENT FINANCE AGEN04-3431814 NONEAVAIL       07/01/16       8,500,000.CONSTRUCTION       X       X       X         B	No	
B     Image: Second secon	37	
C         Image: Constraint of bonds retired         Image: Constraint of bonds r	X	
C         Image: Constraint of bonds retired         Image: Constraint of bonds r		
D         Part II         Proceeds           1         Amount of bonds retired         A         B         C         D           2         Amount of bonds legally defeased         0         0         0         0		
Part II       Proceeds         A       B       C       D         1       Amount of bonds retired            2       Amount of bonds legally defeased		
Part II       Proceeds         A       B       C       D         1       Amount of bonds retired            2       Amount of bonds legally defeased		
1 Amount of bonds retired		
1 Amount of bonds retired		
2 Amount of bonds legally defeased		
3 Total proceeds of issue		
4 Gross proceeds in reserve funds		
5 Capitalized interest from proceeds		
6 Proceeds in refunding escrows		
7 Issuance costs from proceeds		
8 Credit enhancement from proceeds		
9 Working capital expenditures from proceeds		
10 Capital expenditures from proceeds     8,079,806.		
11 Other spent proceeds		
12 Other unspent proceeds		
13 Year of substantial completion     2017		
Yes No Yes No Yes No Yes No		
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or,         if issued prior to 2018, a current refunding issue)?		
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?       X		
16     Has the final allocation of proceeds been made?     X		
17 Does the organization maintain adequate books and records to support the		
final allocation of proceeds?		

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Schedule K (Form 990) 2022

## METROPOLITAN BOSTON HOUSING PARTNERSHIP INC. D/B/A METRO HOUSING BOSTON

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Par	t III Private Business Use							-		
			A		3	(	Ç	l l	2	
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	
	which owned property financed by tax-exempt bonds?		X							
2	Are there any lease arrangements that may result in private business use of									
	bond-financed property?		X							
3a	Are there any management or service contracts that may result in private									
	business use of bond-financed property?		X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	counsel to review any management or service contracts relating to the financed property?									
с	Are there any research agreements that may result in private business use of									
	bond-financed property?		X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other									
	outside counsel to review any research agreements relating to the financed property? $\dots$									
4	Enter the percentage of financed property used in a private business use by entities									
	other than a section 501(c)(3) organization or a state or local government		%	%			%	9		
5	Enter the percentage of financed property used in a private business use as a									
	result of unrelated trade or business activity carried on by your organization,									
	another section 501(c)(3) organization, or a state or local government		%		%		%		%	
6	Total of lines 4 and 5	%			%	%			%	
7	Does the bond issue meet the private security or payment test?		X							
8a	Has there been a sale or disposition of any of the bond-financed property to a non-									
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or									
	disposed of		%		%		%		%	
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations									
	sections 1.141-12 and 1.145-2?									
9	Has the organization established written procedures to ensure that all									
	nonqualified bonds of the issue are remediated in accordance with the									
	requirements under Regulations sections 1.141-12 and 1.145-2?		X							
Par	t IV Arbitrage									
			A		3	(	<u>ç</u>	1	2	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No	
	Penalty in Lieu of Arbitrage Rebate?		X							
2	If "No" to line 1, did the following apply?									
a	Rebate not due yet?		X							
b	Exception to rebate?		X							
C	No rebate due?		X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was									
	performed									
3	Is the bond issue a variable rate issue?	Х								

Schedule K (Form 990) 2022

Schedule K (Form 990) 2022

#### METROPOLITAN BOSTON HOUSING PARTNERSHIP TNC. D/B/A METRO HOUSING BOSTON

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Schedule K (Form 990) 2022 INC. D/B/A METRO HOUSING BOST	ON		04-2	2775991	-			Page <b>3</b>
Part IV Arbitrage (continued)								
	ŀ	Ą	I	3			C	2
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge				_				
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the								
requirements of section 148?		Х						
Part V Procedures To Undertake Corrective Action								
	ŀ	Ą	I	3		2	C	2
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?		Х						
Part VI Supplemental Information. Provide additional information for responses to questions	on Schedul	e K. See inst	ructions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: MASSACHUSETTS DEVELOPMENT FINAN	CE AGEN	NCY						

SCHEDULE O

(Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

METROPOLITAN BOSTON HOUSING PARTNERSHIP

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service

L Open to Public Inspection Employer identification number

OMB No 1545-0047

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

INC. D/B/A METRO HOUSING BOSTON

SERVICES THAT LEAD FAMILIES AND INDIVIDUALS TO HOUSING STABILITY,

ECONOMIC SECURITY, AND AN IMPROVED QUALITY OF LIFE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ASSISTANCE PROGRAMS, INCLUDING THE SECTION 8 PROGRAM, ARE: 78 % UNDER

\$30,000, 11% AT \$30,001-\$45,000, 6% AT \$45,001-\$60,000, 4.54% OVER

\$60,000; AVERAGE ANNUAL INCOME FOR OUR HOUSEHOLDS IS \$20,966.

ADDITIONALLY, 37% OF THE HOUSEHOLDS WE SERVE HAVE CHILDREN UNDER THE

AGE OF 18, 49% OF THE HEADS OF HOUSEHOLDS WE SERVE ARE PERSONS WITH A

DISABILITY AND 29% OF ALL HOUSEHOLDS HAVE A HEAD OF HOUSEHOLD THAT IS

ELDERLY.

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

THE 990 IS PRESENTED TO THE AUDIT COMMITTEE DURING THE PRESENTATION OF THE AUDITED FINANCIAL STATEMENTS. THE FORM 990 IS ALSO DISTRIBUTED TO THE BOARD OF DIRECTORS. AFTER REVIEWING THE 990 AND ALL QUESTIONS HAVE BEEN ANSWERED THE RETURN IS ACCEPTED AND APPROVED FOR FILING.

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

ALL STAFF, DIRECTORS AND OFFICERS ARE REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST. THE TRANSACTIONS AND ACTIVITIES OF THE ORGANIZATION ARE MONITORED ON AN ONGOING BASIS BY MANAGEMENT, THE BOARD OF DIRECTORS AND BOARD APPOINTED COMMITTEES. ANY CONFLICTS THAT ARISE ARE DEALT WITH ACCORDING TO THE ORGANIZATION'S DETAILED CONFLICT OF INTEREST POLICIES.

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization METROPOLITAN BOSTON HOUSING PARTNERSHIP INC. D/B/A METRO HOUSING BOSTON	Employer identification number $04 - 2775991$
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION OF THE EXECUTIVE DIRECTOR, DEPUTY DIRECT	OR AND CHIEF
FINANCIAL OFFICER IS SET BY THE ORGANIZATION'S EXECUTIVE	COMMITTEE BASED
UPON COMPARABLE COMPENSATION DATA FOR THE SAME POSITON FO	R ORGANIZATIONS OF
SIMILAR SIZE WITHIN OUR INDUSTRY. THE DECISION OF THE EX	ECUTIVE COMMITTEE
IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO BEING FINA	LIZED.

THE COMPENSATION OF ALL OTHER STAFF IS DETERMINED VIA A FORMAL SALARY ADMINSTRATION PROCESS. A JOB DESCRIPTION IS ESTABLISHED FOR EACH POSITION INCLUDING KNOWLEDGE, SKILLS, AND EXPERIENCES REQUIRED TO PERFORM THE JOB. EACH POSITION IS PRICED ACCORDING TO MARKET DATA FOR LIKE POSITIONS AT SIMILAR SIZED ENTITIES. ANNUAL INCREASES ARE BASED ON MERIT MEASURED BY APPROPRIATE INDICATORS OF JOB PERFORMANCE.

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

DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND BY REQUEST TO ANNE ROUSSEAU, CFO.

SCHEDUL (Form 990) Department of Internal Reven Name of th	)) f the Treasury	ion METROPOLITAN	Related Organizations olete if the organization answered "Yo Attack <u>Go to www.irs.gov/Form990 for</u> BOSTON HOUSING PART ETRO HOUSING BOSTON	0 er identifi	OMB No. 1545-00 2022 Open to Publ Inspection r identification num 2775991					
Name, ad					3. (d) or Total incor	(e) End-of-year	assets	Direct o	<b>(f)</b> controlling ntity	]
Part II	<b>Identificati</b> organizatio	on of Related Tax-Exempt Organi ns during the tax year.	izations. Complete if the organization a	answered "Yes" on Form 990	0, Part IV, line 34, b	ecause it had one	or more relat	ted tax-ex	empt	
	of r	(a) ne, address, and EIN related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct cor entit	ntrolling ty	contr	<b>g)</b> 512(b)(13) rolled ity? <b>No</b>
1411 TRE	ICE CORPC		LEASE OFFICE SPACE TO MBHP	MASSACHUSETTS	501(C)(3)	E	METROPOLIT BOSTON HOU PARTNERSHI	SING		x

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

Schedule R (Form 990) 2022

## METROPOLITAN BOSTON HOUSING PARTNERSHIP Schedule R (Form 990) 2022 INC. D/B/A METRO HOUSING BOSTON

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Part III Iden

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total Share of end-of-year assets		Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	mana partn	er?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
	-										
	-										
	-										
	-										
	-										
	-										

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i Sec 512(t contr ent	<b>i)</b> b)(13) rolled tity?
		country)				400010		Yes	No

# METROPOLITAN BOSTON HOUSING PARTNERSHIP Schedule R (Form 990) 2022 INC. D/B/A METRO HOUSING BOSTON

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?								
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
b	Gift, grant, or capital contribution to related organization(s)	1b		X				
с	Gift, grant, or capital contribution from related organization(s)	1c	X					
	Loans or loan guarantees to or for related organization(s)	1d		X				
	Loans or loan guarantees by related organization(s)	1e		X				
f	Dividends from related organization(s)	1f		Х				
g	Sale of assets to related organization(s)	1g		Х				
	Purchase of assets from related organization(s)	1h		Х				
i	Exchange of assets with related organization(s)	1i		Х				
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X					
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х				
	Sharing of paid employees with related organization(s)	10		Х				
р	Reimbursement paid to related organization(s) for expenses	1p		Х				
q	Reimbursement paid by related organization(s) for expenses	1q		Х				
r	Other transfer of cash or property to related organization(s)	1r		Х				
s	Other transfer of cash or property from related organization(s)	1s		Х				
2	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>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1) MBHP OFFICE CORPORATION	С	295,104.	COST
(2) MBHP OFFICE CORPORATION	К	536,016.	соят
(3)			
(4)			
_(6)			

## METROPOLITAN BOSTON HOUSING PARTNERSHIP Schedule R (Form 990) 2022 INC. D/B/A METRO HOUSING BOSTON

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes	) all s sec. )(3) .?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Dispi tio alloca	h) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes	) ral or   lging her?	<b>(k)</b> Percentage ownership
			,		NO			Tes			Tes		

Schedule R (Form 990) 2022

Part VII	Supplemental	Information

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

232165 09-14-22