Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2023 **Return of Organization Exempt From Income Tax**

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



AI	or th	and and and a second seco	ending					
Ba	Check if applicat	le: C Name of organization		D Employer identifie	cation number			
	Addr		NC.					
	Name Chan			04-29646	30			
	Initial returr		Room/suite	E Telephone number				
	Final return	n		617-567-				
	termi ated	, , , ,		G Gross receipts \$	12,033,163.			
	returr	EAST BOSION, MA 02128		H(a) Is this a group re				
	Appli tion pend			for subordinates				
	-	SAME AS C ABOVE		H(b) Are all subordinates in				
		$\begin{array}{c} \text{cempt status: } \underline{X} 501(c)(3) \boxed{501(c)} () () (\text{insert no.}) \boxed{4947(a)(1)} () () () () () () () $	or 527		list. See instructions			
	Webs			H(c) Group exemption				
	-orm o art l	f organization: X Corporation Trust Association Other	L Year		State of legal domicile: MA			
Г	T	Summary Briefly describe the organization's mission or most significant activities: THE	NETCUE	OPHOOD OF A				
ce	1	HOUSING INC.'S (NOAH), A COMMUNITY DEVELO	N PROMOTES					
Governance	2	Check this box if the organization discontinued its operations or disposed						
ver	3			1 1	9 sets.			
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			9			
s S	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		29				
itie	6	Total number of volunteers (estimate if necessary)		54				
Activities &	-	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
ð	8	Contributions and grants (Part VIII, line 1h)		11,463,306.	9,704,573.			
Revenue	9	Program service revenue (Part VIII, line 2g)		1,805,454.	2,296,156.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		31,807.	32,434.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,300,567.	12,033,163.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		7,466,269.	6,270,825.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,151,042.	2,056,674.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ďx	b	Total fundraising expenses (Part IX, column (D), line 25) 198,82						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,678,139. 13,295,450.	<u>4,154,690.</u> 12,482,189.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	t equal Part IX, column (A), line 25)					
	19	Revenue less expenses. Subtract line 18 from line 12		5,117.	-449,026.			
ts or			Be	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	······	27,971,204.	30,349,650.			
et A ind I	21	Total liabilities (Part X, line 26)	······	25,490,155.	28,317,627.			
		Net assets or fund balances. Subtract line 21 from line 20		2,481,049.	2,032,023.			

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

Sign	Signature of officer		Date							
Here	PHILIP GIFFEE, EXECUTIVE									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN						
Paid	SORIE KABA, CPA	SORIE KABA, CPA		P01317106						
Preparer	Firm's name AAFCPAS, INC.		Firm's EIN 04-	-2571780						
Use Only	Firm's address 50 WASHINGTON STE	REET								
	WESTBOROUGH, MA ()1581	Phone no. 508 -	-366-9100						
May the I	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No						
232001 12-	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									
S	SEE SCHEDULE O FOR ORGANIZ	LATION MISS2BON STATEN	MENT CONTINUAT	ION						
647080	7 715045 57049 20	22.04010 NEIGHBORHOO	D OF AFFORDABL	E 57049_1						

	990 (2022) NEIGHBORHOOD OF AFFORDABLE HOUSING, INC. 04-2964630 Pa 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: SEE PAGE 1, LINE 1.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	
	THIS FREE, BILINGUAL PROGRAM IS COMPRISED OF SEVERAL RELATED SERVICE
	LINES, ALL WORKING TO HELP NO-, LOW- OR MODERATE-INCOME HOUSEHOLDS MO
	ALONG THE HOUSING SPECTRUM FROM BEING EITHER HOMELESS OR AT RISK OF
	HOMELESSNESS TO BEING ABLE TO OBTAIN SHELTER OR ELSE TO RETAIN OR
	OBTAIN APARTMENT HOMES. THESE SERVICE LINES INCLUDE:
	-EHAP (EMERGENCY HOUSING ASSISTANCE PROGRAM) - SERVES NEWLY HOMELESS
	DISASTER VICTIMS; PROVIDES SHORT-TERM EMERGENCY HOTEL STAYS IMMEDIATE FOLLOWING ANY SUCH RED CROSS ASSISTANCE, AS WELL AS MOVE-IN GRANTS PA
	TO THE NEW LANDLORD (DEPOSIT FOR FIRST/ OR LAST MONTH RENT UP TO
	\$3,200); ALSO PROVIDES COUNSELING/CASE MANAGEMENT, AS NEEDED. THIS
	EHAP PROGRAM WAS FIRST ESTABLISHED IN 2020 AND BENEFITED 1,353 GRANT
4b	(code:) (Expenses \$ 1,936,718 · including grants of \$) (Revenue \$ 1,420,69
15	RENTAL: PROVIDES AFFORDABLE HOUSING TO PEOPLE IN NEED.
4c	(Code:) (Expenses \$ 356,816. including grants of \$) (Revenue \$ 595,34
	REAL ESTATE AND ECONOMIC DEVELOPMENT: DEVELOP AFFORDABLE HOUSING OWNERSHIP AND RENTAL UNITS FOR LOW AND MODERATE INCOME INDIVIDUALS AN
	OWNERSHIP AND RENTAL UNITS FOR LOW AND MODERATE INCOME INDIVIDUALS AN FAMILIES.
4d	Other program services (Describe on Schedule O.) (Expenses \$ 1,724,281. including grants of \$) (Revenue \$ 312,547.)
4e	Total program service expenses 12,042,641.
:3200;	Form 990 (SEE SCHEDULE O FOR CONTINUATION(S) 27
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 NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.
 04-2964630
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 Part 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
Ū	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? <i>If</i> "Yes," <i>complete Schedule D, Part I</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? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
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			
	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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	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		
	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		x	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
	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?		v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		- 23
5	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		x
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		x
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	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		
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? If "Yes," complete Schedule I, Parts I and II	21		Х
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Part IV Checklist of Required Schedules (continued)								

			Yes	Ν
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	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		.
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	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? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	
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	07		
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
.0	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		
b	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?//f "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		t
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	x	
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	Х	
	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	x	
36	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	x	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	x	
Fai	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a1305Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
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- -	29			
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Part V St	atements Regarding Other IRS	Filin	gs and Tax Com	pliance (continu	ed)		

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 29							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
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 in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	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?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
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 a Form 1098-C?	7h						
8								
•	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	9a						
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b						
ь 10	Section 501(c)(7) organizations. Enter:	30						
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.) 11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans 13b							
с	Enter the amount of reserves on hand 13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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			77				
	excess parachute payment(s) during the year?	15		Х				
40	If "Yes," see the instructions and file Form 4720, Schedule N.	16		х				
16	5 ,							
17	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.	17						
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Form **990** (2022)

Form 990 (2022)
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NEIGHBORHOOD OF AFFORDABLE HOUSING, INC. 04-2964630

Page 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

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	9					
	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	9					
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						
	of officers, directors, trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	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		X			
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	.				
	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	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X X				
b							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	on Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	X				
14	Did the organization have a written document retention and destruction policy?	14	X				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v				
а	The organization's CEO, Executive Director, or top management official	15a	X				
b	Other officers or key employees of the organization	15b	X				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v			
	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						
<u></u>	exempt status with respect to such arrangements?	16b					
	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed MA	(O)	、 ···				
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 oni	y) avail	able			
	for public inspection. Indicate how you made these available. Check all that apply.						
40	Own website Another's website I Upon request Other (<i>explain on Schedule O</i>)	no d fire					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and tina	Incial				
00	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 VINNY QUALTIERI, DIRECTOR OF FINANCE & ADMIN - 617-567-5882						
	143 BORDER STREET, EAST BOSTON, MA 02128						
02000	· · · · · · · · · · · · · · · · · · ·	For	n 990	(2022)			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)			(0))			(D)	(E)	(F)
Name and title	Average	(do		Posi	ition	than (one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	related organizations	'ustee	trust		ee	npens		(W-2/1099-WISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st cor yee	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e.gamzanene
(1) PHILIP R. GIFFEE	37.50	_								
EXECUTIVE DIRECTOR	1.25		-	Х				178,708.	Ο.	30,272.
(2) LINDA MILLER-FOSTER	37.50									
DIRECTOR OF ADMIN AND FUNDRAISING						X		120,903.	0.	11,330.
(3) VINNY QUALTIERI	37.50									
DIRECTOR OF FINANCE & ADMIN	1.25			Х				120,759.	0.	9,832.
(4) MICHAEL LAKE	0.25						-	_		_
PRESIDENT (UNTIL 2/2022)	1.25	Х		х				0.	0.	0.
(5) MARC SAVATSKY	0.25									-
VICE PRESIDENT (UNTIL 2/2022)	1.25	Х		Х				0.	0.	0.
(6) ROBERT SCHMIDT	0.25								0	•
SECRETARY/ CLERK	1.25	Х		Х				0.	0.	0.
(7) ORLANDO PACHECO	0.25								0	0
PRESIDENT	1.25	X		Х				0.	0.	0.
(8) RICARDO PATRON	0.25								0	0
BOARD MEMBER (UNTIL 2/2022)	1.25	Х						0.	0.	0.
(9) ERNANI DE ARAUJO, ESQ.	0.25	37							0	0
BOARD MEMBER (UNTIL 2/2022)	1.25	Х						0.	0.	0.
(10) GREG COMEAU, CPA	0.25	37							0	0
BOARD MEMBER (UNTIL 2/2022)	1.25	Х						0.	0.	0.
(11) RICK HIGH	0.25	37							0	0
BOARD MEMBER	1.25	Х						0.	0.	0.
(12) DAVID LANK	0.25	x						0.	0.	0.
BOARD MEMBER (UNTIL 2/2022) (13) JOSEPH RUGGERIO	0.25	^						0.	0.	0.
	1.25	x						0.	0.	0.
BOARD MEMBER (UNTIL 2/2022)	0.25	Δ						0.	0.	0.
(14) CARRIE TENNANT, ESQ. BOARD MEMBER (UNTIL 2/2022)	1.25	x						0.	0.	0.
(15) CYNTHIA BAXTER	0.25	~						0.	0.	0.
BOARD MEMBER (UNTIL 2/2022)	1.25	x						0.	0.	0.
(16) CLAUDIA CORREA	0.25	Δ						•	• •	
BOARD MEMBER (UNTIL 2/2022)	1.25	x						0.	0.	0.
(17) ANA ALONZO	0.25							•	0.	•
BOARD MEMBER	1.25	x						0.	0.	0.
232007 12-13-22						-	1			Form 990 (2022)

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Form 990 (2022) NEIGHBORHOOD OF AFFORDABLE HOUSING, INC. 04-296463									630	Page 8		
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)				C)	_		(D)	(E)		(F)
Name and title	Average		not cl		more	e than		Reportable	Reportable			nated
	hours per week					is bot or/trus						unt of her
	(list any	tor					Ē	the	organization			nsation
	hours for	direct				p		organization	(W-2/1099-MIS		•	n the
	related	tee or	Istee			en sate		(W-2/1099-MISC/	` 1099-NEC)			ization
	organizations	I trus	nal tru		oyee	ompe		1099-NEC)			and r	elated
	below	Individual trustee or director	nstitutional trustee	cer	Key employee	Highest compensated employee	Former				organi	zations
	line)	Indi	Inst	Officer	Key	Hig	For					
(18) DAVID BRYANT	0.25											0
BOARD MEMBER	1.25	X					-	0.		0.		0.
(19) MONICA BARRERA	1.25	x						0.		ο.		0.
BOARD MEMBER (20) NANITA GAETA COLETTA	0.25	^					-	0.		<u> </u>		0.
BOARD MEMBER	1.25	x						0.		ο.		0.
(21) CATHERINE MCCANDLESS	0.25						-	0.		<u> </u>		0.
BOARD MEMBER	1.25	x						0.		ο.		0.
(22) KARLA REYES	0.25	11					-					<u> </u>
BOARD MEMBER	1.25	x						0.		ο.		0.
1b Subtotal								420,370.		0.	51	,434.
c Total from continuation sheets to Part VI								0.		0.	F 1	0.
d Total (add lines 1b and 1c)								420,370.		÷ ·	51	,434.
2 Total number of individuals (including but n	ot limited to th	lose	liste	ed al	bove	e) wi	ho r	received more than \$100	0,000 of reportab	le		3
compensation from the organization			_		-							es No
2 Did the examination list any former officer	diractor truct	00 I					r hid	about componented om		Г		
3 Did the organization list any former officer,											3	x
line 1a? If "Yes," complete Schedule J for sFor any individual listed on line 1a, is the su										·····	3	
and related organizations greater than \$150			-						-		4 2	x
5 Did any person listed on line 1a receive or a											• -	
rendered to the organization? If "Yes," com											5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors	that received more than	\$100,000 of con	npens	ation fro	m
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithi	n the organization's tax	year.			
(A)								(B)			(C)	
Name and business								Description of s	services	C	ompens	ation
LANDMARK STRUCTURES CORP.		_						AILERON				
282 MONTVALE AVENUE, WOBU								HOMEOWNERSHI	P PROJEC		467	<u>,515.</u>
DIMELLA SHAFFER, 24 FARNS	SWORTH S	STE	REE	SТ,	, '	4 TI						<i></i>
FLOOR, BOSTON, MA 02210								REAL ESTATE	PROJECTS		202	,611.
COMMERCIAL CONSTRUCTION (-					AILERON			100	070
CONGRESS STREET, 2ND FLOO	JR, BUS	ror	Ν,	MA	7			HOMEOWNERSHI	P PROJEC		128	<u>,978.</u>
COMMONWEALTH LOCATORS	01 2 2							RENTAL PROPE	סיידיימ		111	,451.
PO BOX 406, BOSTON, MA 02	5120							NEMIAL FROPE	VITED		<u> </u>	, ч јт•
2 Total number of independent contractors (ii	ncluding but n	not li	mite	nt to	tho	se li	ster	l d above) who received n	ore than			
\$100,000 of compensation from the organiz	-					<u>4</u>	2.00					

\$100,000 of compensation from the organization

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					DD	OF AFFOR	DABLE HOUS	ING, INC.	04-2964	630 Page 9
Pa	rt V	/	Statement of Revenu	le						
			Check if Schedule O contai	ns a respo	onse	or note to any lir		(5)		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a		120,574.				
our			Membership dues							
Am C		с	Fundraising events	1c		9,535.				
lar lar			Related organizations							
ns, Simi		е	Government grants (contribution	ns) 1e		8,938,162.				
er S		f	All other contributions, gifts, grants,							
ΞĘ			similar amounts not included above			636,302.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in lines 1a	a-1f 1g	6		0 504 550			
a O		h	Total. Add lines 1a-1f			Ductor of the	9,704,573.			
•	_	_	DENMAL INCOME			Business Code 531110	1 420 694	1 420 694		
vice	2		RENTAL INCOME DEVELOPER FEES			531110	1,420,694. 423,154.	1,420,694. 423,154.		
Ser		b c	PROPERTY AND PROJECT MAN	JAGEMENT	ਸ਼ਾ	531110	312,547.	312,547.		
ne ser		d	PROGRAM INTEREST INCOME		-	531110	139,761.	139,761.		
Program Service Revenue		e								
Pro			All other program service revenu	Je						
			Total. Add lines 2a-2f				2,296,156.			
	3		Investment income (including di							
	4		Income from investment of tax-							
	5		Royalties							
				(i) Rea		(ii) Personal				
	6		Gross rents 6a							
			Less: rental expenses 6b							
			Rental income or (loss) 6c		_					
	-		Net rental income or (loss) Gross amount from sales of	(i) Securit		(ii) Other				
	'	а	assets other than inventory 7a		.103					
		h	Less: cost or other basis		-					
е		U	and sales expenses 7b							
evenue		с	Gain or (loss) 7c							
Re			Net gain or (loss)							
Other R	8		Gross income from fundraising ever							
đ			including \$9,5	535. of						
			contributions reported on line 1							
			Part IV, line 18		8a					
			Less: direct expenses		8b	0.				
	_		Net income or (loss) from fundra				0.			
	9	а	Gross income from gaming activ							
		L	Part IV, line 19		9a					
			Less: direct expenses		9b					
	10		Gross sales of inventory, less re		<u>"</u>					
	10	u	and allowances		10a					
		b	Less: cost of goods sold		10b					
_			Net income or (loss) from sales							
s		-				Business Code				
eou	11	а	MISCELLANEOUS			900099	32,434.	32,434.		
lane		b								
Miscellaneous Revenue		С								
Mis			All other revenue							
			Total. Add lines 11a-11d				32,434.	2 220 500	0.	0.
23200	12		Total revenue. See instructions		<u></u>		12,033,163.	2,328,590.	I 0.	Form 990 (2022

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Form 990 (2022) NEIGHBORHOOD OF AFFORDABLE HOUSING, INC. 04-2964630 Page 10 Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	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	6,270,825.	6,270,825.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	339,571.	289,939.	18,285.	31,347.
6	Compensation not included above to disqualified				•=,•=:
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,386,226.	1,220,448.	40,182.	125,596.
8	Pension plan accruals and contributions (include	, ,	, , , , , , , , , , , , , , , , , , , ,	.,	- / • •
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	179,408.	171,814.	70.	7,524
10	Payroll taxes	151,469.	131,663.	6,802.	13,004
11	Fees for services (nonemployees):				
	Management				
	Legal	15,004.	11,134.	3,870.	
	Accounting	72,500.	39,100.	33,400.	
	Lobbying				
	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.)	230,706.	210,408.	15,013.	5,285
12	Advertising and promotion	6,328.	6,328.		
13	Office expenses	65,716.	46,421.	17,761.	1,534.
14	Information technology				
15	Royalties				
16	Occupancy	1,291,684.	1,217,238.	62,954.	11,492.
17	Travel	20,032.	18,017.	2,015.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	466,580.	457,525.	8,000.	1,055.
23	Insurance	357,454.	338,017.	18,521.	916.
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	OTHER PROGRAM EXPENSES	1,593,611.	1,593,611.		
b	MISCELLANEOUS	24,889.	9,967.	13,850.	1,072.
с	BAD DEBT	10,186.	10,186.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	12,482,189.	12,042,641.	240,723.	198,825
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)				
23201	0 12-13-22				Form 990 (2022

232010 12-13-22

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2,032,023.

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30,349,650.

2,481,049.

27,971,204.

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 3,323,469. 3,166,907. Cash - non-interest-bearing 1 1 1,361,987. 1,388,967. 2 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 903,329. 1,378,694. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 32,461. 40,261. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 21,758,634. basis. Complete Part VI of Schedule D _____ 10a 4,562,523. 17,598,702. 17,196,111. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 4,751,256. 7,178,710. Other assets. See Part IV, line 11 15 15 27,971,204. 30,349,650. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 520,015. 540,944. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 20,684,242. 20,870,071. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, pavables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 4,285,898. 6,906,612. 25 of Schedule D 25,490,155. 26 28,317,627. 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 784,519. 560,241. Net assets without donor restrictions 27 27 1,696,530. 1,471,782. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

Part X Balance Sheet

NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.

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Form 990 (2022)

Assets

-iabilities

Net Assets or Fund Balances

29

30 31

32

33

Form	1990 (2022) NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.	04-2	29646	630	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,03</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,48		
3	Revenue less expenses. Subtract line 2 from line 1	3				26.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,48	1,0	49.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		~	0.2	~ ^	<u></u>
De		10	Z	,03	2,0	23.
Ра	rt XII Financial Statements and Reporting					37
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>			X
	Accounting method used to prepare the Form 990: Cash X Accrual Other		E.		Yes	No
1	• · · · · · · · · · · · · · · · · · · ·	- 0	-			
0-	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul			0-		x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	a on a				
	separate basis, consolidated basis, or both:					
h	Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?			2b	х	
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat			20		
	consolidated basis, or both:	e Dasis,				
	Separate basis X Consolidated basis Both consolidated and separate basis					
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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 Scl					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Зb	Х	
				Form	990	(2022)

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection
 identification much

OMB No. 1545-0047

Name of the organizatio	n

Employer identification number

				F AFFORDABLE					4-2964630				
Pa	rt I	Reason for Public (Charity Status. (All organizations must c	omplete ti	nis part.) S	See instruction	S.					
The	organ	ization is not a private found	lation because it is: (l	For lines 1 through 12, o	check only	one box.)							
1	\square	A church, convention of ch				n 170(b)(*	1)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (A	Attach Schedule E (Forn	n 990).)								
3		A hospital or a cooperative					-						
4		A medical research organiz	ation operated in cor	njunction with a hospita	l described	d in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,				
_		city, and state:		No	-1				! !:-				
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) (Complete Part II)											
6		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organization that norma						ne deneral	nublic described in				
•		section 170(b)(1)(A)(vi). (C			ionia gov	errinentai		ie general					
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org				ed in coniu	unction with a	land-orant	college				
		or university or a non-land-g											
		university:											
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, membersł	nip fees, a	nd gross receipts from				
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of it	ts support	from gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.				
		See section 509(a)(2). (Cor	,										
11		An organization organized a											
12		An organization organized a											
		more publicly supported or	-						Sheck the box on				
-		lines 12a through 12d that							(diving				
а		Type I. A supporting orgative the supported organization											
		organization. You must c			amajonty				supporting				
b		Type II. A supporting org			tion with it	s support	ed organizatio	n(s), by ha	avina				
-		control or management o											
		organization(s). You mus	t complete Part IV,	Sections A and C.									
с		Type III functionally inte	egrated. A supporting	g organization operated	in connec	tion with, a	and functional	ly integrat	ed with,				
		_ its supported organization	n(s) (see instructions). You must complete l	Part IV, Se	ections A,	D, and E.						
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppor	ted organ	ization(s)				
		that is not functionally int						l an attent	iveness				
	_	requirement (see instruct	,	•	-								
е		Check this box if the orga					а Туре I, Туре	II, Type III					
	Ente	functionally integrated, or		nally integrated support	ing organi	zation.							
		er the number of supported over the following information	-	d organization(s)									
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	ng document? No	support (see in	structions)	support (see instructions)				
Tota	1												

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Schedule A (Form 990) 2022 NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.04-2964630 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar 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.")	2,507,028.	2,319,510.	5,173,329.	11,463,306.	9,704,573.	31,167,746.
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 \dots						
4	Total. Add lines 1 through 3	2,507,028.	2,319,510.	5,173,329.	11,463,306.	9,704,573.	31,167,746.
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)						
6	Public support. Subtract line 5 from line 4.						31,167,746.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,507,028.	2,319,510.	5,173,329.	11,463,306.	9,704,573.	31,167,746.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	15,053.	14,784.	5,952.			35,789.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						31,203,535.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12 10	,900,703.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, [.]	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
-	ction C. Computation of Publ						
	Public support percentage for 2022 (14	99.89 %
	Public support percentage from 2021					15	99.71 %
16 a	33 1/3% support test - 2022. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17 a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances tes	t - 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Sebedule A	Earm 990) 2022

Schedule A (Form 990) 2022

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NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.04-2964630 Page 3 Schedule A (Form 990) 2022 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	k year as a section	501(c)(3) org	anization,
check this box and stop here						
Section C. Computation of Publ	lic Support Pe	rcentage				
15 Public support percentage for 2022 (line 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve	stment Incom	e Percentage				
17 Investment income percentage for 20					17	%
18 Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than 3	33 1/3%, and	d line 17 is not
more than 33 1/3%, check this box a	and stop here. The	organization quali	fies as a publicly	supported organiza	ation	
b 33 1/3% support tests - 2021. If the	organization did r	not check a box on	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 st	op here. The orga	nization qualifies	as a publicly suppo	orted organiz	ation
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check	this box and see in	structions	
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Schedule A (Form 990) 2022 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 disgualified 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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Schedule A (Form 990) 2022

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Schedule A (Form 990) 2022 NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.04-2964630 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
	Did the seven is a bady, mean have of the seven is bady, officers action is their official especial, or mean have big of any sy			

•	Did the governing body, members of the governing body, oncers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions if any applied to such powers during the tax year	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	L
2	Did the organization operate for the benefit of any supported organization other than the supported	
	even size tion (a) that an event of a supervise of an eventual and the assessmention even size tion 0 if "Vee " even lain in	

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.

Section C.	Type II	Supporting	Organizations	

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

Section D. All Type III Supporting Organiza	ations
---	--------

			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 yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental 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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3b | | Schedule A (Form 990) 2022

2a

2b

За

1

2

Yes No

. . . .

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Sch	edule A (Form 990) 2022	NEIGHBORHOOD					INC.	04-2964630	Page 6
Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations								
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.								
	All other Type III non-fur	ctionally integrated supportir	ig orga	inizations must cor	nple	te Sections A thr	ough E.	-	
Sec	Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)								
1	Net short-term capital gain				1				
2	Recoveries of prior-year distrik	utions			2				
3	Other gross income (see instru	ictions)			З				
4	Add lines 1 through 3.				4				
5	Depreciation and depletion				5				
6	Portion of operating expenses	paid or incurred for production	on or						

6

7

8

1a

1b

1c

1d

2

3

4

5

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1

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3

4 5

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ot Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

(A) Prior Year

collection of gross income or for management, conservation, or

Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)

 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):

Acquisition indebtedness applicable to non-exempt-use assets

Net value of non-exempt-use assets (subtract line 4 from line 3)

Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,

c Fair market value of other non-exempt-use assets

e Discount claimed for blockage or other factors

Other expenses (see instructions)

a Average monthly value of securities

b Average monthly cash balances

d Total (add lines 1a, 1b, and 1c)

(explain in detail in Part VI):

3 Subtract line 2 from line 1d.

Multiply line 5 by 0.035.

Section C - Distributable Amount

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Enter 0.85 of line 1.

Recoveries of prior-year distributions

Minimum Asset Amount (add line 7 to line 6)

emergency temporary reduction (see instructions).

see instructions).

Section B - Minimum Asset Amount

maintenance of property held for production of income (see instructions)

Schedule A (Form 990) 2022

Current Year

(B) Current Year

(optional)

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7

8

2

4

5

6

7

8

1

2

3

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6

7

Schedule A (Form 990) 2022

NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.04-2964630 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued	<i>t)</i>
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1
2	Amounts paid to perform activity that directly furthers exemption			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	is :	3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	4	5
6	Other distributions (describe in Part VI). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			8
9	Distributable amount for 2022 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount		10	0
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (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			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

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	Form 990) 2022 NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.04-2964630 Page
art VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	2 Schedule A (Form 990)

SCHEDULE	D
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Department of the Treasury Internal Revenue Service

(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

Employer identification number 04 - 2964630

Num	NEIGHBORHOOD OF AF	FORDABLE HOUSING, INC.	04-2964630
Par			r Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		funds
Ŭ	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
0			
	for charitable purposes and not for the benefit of the donor of		
Par		consistion answered "Vee" on Form 900. Det	
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		istorically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
-	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2 b
С	Number of conservation easements on a certified historic st		2c
d	Number of conservation easements included in (c) acquired	· · · · · · · · · · · · · · · · · · ·	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	ganization during the tax
	year		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	n easements during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	tion easements in its revenue and expense sta	atement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements	s that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	of Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 98	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its fina	ancial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 99	58, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for publi		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre		
-	the following amounts required to be reported under FASB /	-	
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		ی
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Par	t III Organizations Maintaining C	ollections of A	rt, Historic	al Treasure	s, or Oth	er Similar A	ssets(conti	nued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any o	of the following	that make	significant use of	of its	
	collection items (check all that apply):							
а	Public exhibition	c	🗴 🗔 Loan d	or exchange pro	ogram			
b	Scholarly research	e		0.	-			
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and expla	in how they fur	ther the organi	zation's ex	empt purpose in	Part XIII.	
5	During the year, did the organization solicit o							
Ũ	to be sold to raise funds rather than to be ma						Yes	
Par	t IV Escrow and Custodial Arran							
	reported an amount on Form 990, Pa		ete il the organ		eu res u	111 Onn 330, 1 ai	t iv, inte 3, 0	
10	Is the organization an agent, trustee, custod		dian (for contri	utions or othe	r accete pe	tipoludod		
Ia							Yes	
	on Form 990, Part X?						. La res	
b	If "Yes," explain the arrangement in Part XIII	and complete the to	blowing table:				Amoun	+
							Amoun	L
	Beginning balance							
	Additions during the year							
	Distributions during the year							
	Ending balance							
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for escrov	/ or custodial a	ccount liab	oility?	. 🔛 Yes	No No
-	If "Yes," explain the arrangement in Part XIII.							
Par	Tt V Endowment Funds. Complete i		1					
		(a) Current year	(b) Prior ye	ar (c) Two	years back	(d) Three years t	pack (e) Fou	r years back
1a	Beginning of year balance							
b	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the cur	rent vear end balan	re (line 1 a. coli	Imn (a)) held as				
a	Board designated or guasi-endowment	-	%					
b	Permanent endowment	%						
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
C								
0-	The percentages on lines 2a, 2b, and 2c sho				internal for			
Ja	Are there endowment funds not in the posse	ession of the organiz	ation that are	ieid and admin	listered for	the		Yes No
	organization by:							165 110
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organiza			le R?			3b	
4	Describe in Part XIII the intended uses of the		owment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV, line	11a. See Form	990, Part >	K, line 10.		
	Description of property	(a) Cost or o		Cost or other		Accumulated	(d) Boo	k value
		basis (invest		oasis (other)		epreciation		
1a	Land			,034,960				4,960.
	Buildings		17	,171,868		170,767.		1,101.
	Leasehold improvements			96,448	3.	23,309.		3,139.
	Equipment			455,358		368,447.		6,911.
	Other			•				-
	Add lines 1a through 1e. (Column (d) must e		Y column (R)	line 10c)			17.19	6,111.
TOLA	a Aud mies ta through te. joolunnin ju/ must e	quai i 0111 330, 1°ail	$\mathcal{N}$ , column (D),					· 000) 0000

Schedule D (Form 990) 2022

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Schedule D (Form 990) 2022	NEIGHBORHOOI	) OF	AFFORDAB	$\mathbf{LE}$	HOUSING,	INC.	04-2964630 Page 3
	Other Securities.						
Complete if the or	ganization answered "Yes" o	n Form	990, Part IV, line	11b. \$	See Form 990, Pa	art X, line 12.	
(a) Description of security or cate	egory (including name of security)	(b)	Book value	(	c) Method of valu	ation: Cost	or end-of-year market value
(1) Financial derivatives							
(2) Closely held equity interest	:s						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col. (b) must equal Form 99							
Part VIII Investments -	-						
	ganization answered "Yes" o						
(a) Description of	of investment	(b)	Book value	(	c) Method of valu	lation: Cost	or end-of-year market value
(1)							
(2)							
(3)							
(4)			4				
(5)							
(6)							
(7)					·		
(8)							
(9)	0 Dart V. col. (P) line 12 )						
Total. (Col. (b) must equal Form 99 Part IX Other Assets.							
	ganization answered "Yes" o	n Form	990. Part IV. line	11d. 9	See Form 990. Pa	art X. line 15.	
		escript					(b) Book value
(1) DUE FROM AFI	FILIATES						
	DER DEVELOPMENT	!					4,567,333. 2,611,377.
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column (b) must equal F		15.)					7,178,710.
Part X Other Liabiliti	es.						
	ganization answered "Yes" of	n Form	990, Part IV, line	11e o	r 11f. See Form 9	990, Part X, I	
<u>1. (a)</u> [	Description of liability						(b) Book value
(1) Federal income taxes							
(2) ACCRUED INTE							2,961,439.
(3) DUE TO AFFII							1,195,029.
	GRANT ADVANCE						2,532,806.
(5) CONSTRUCTION	N PAYABLE						217,338.
(6)							
(7)							
(8)							
(9)							
Total. (Column (b) must equal F	-orm 990, Part X, col. (B) line	25.)					6,906,612.

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

Part XI       Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total revenue, gains, and other support per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       a         a       Net unrealized gains (losses) on investments       2a         b       Donated services and use of facilities       2b         c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d       2e         s       Subtract line 2e from line 1       3       3         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a       4e         i       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4c         b       Other (Describe in Part XIII.)       4c       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       1         1       Total expenses and loses per audited financial statements       1       1         2       Amounts	Sche	dule D (Form 990) 2022 NEIGHBORHOOD OF AFFORDABLE	HOUSING,	INC.	04-2964630	Page <b>4</b>
1       Total revenue, gains, and other support per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       2a         a Net unrealized gains (losses) on investments       2a       2b         b Donated services and use of facilities       2c       2c         c Recoveries of prior year grants       2c       2c         d Other (Describe in Part XIII.)       2d       2e         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b       4c         c Add lines 4a and 4b       4c       5         Other in the organization answered "Yes" on Form 990, Part IV, line 12.)       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on Form 990, Part IX, line 25:       2a         2       Donated services and use of facilities       2b         b Prior	Par					
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:   a Net unrealized gains (losses) on investments   b Donated services and use of facilities   c 2b   d Other (Describe in Part XIII.)   e Add lines 2a through 2d   3 2e   3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses 2 C 3 Subtract line 2e from line 1 4 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IV, line 7b 4 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Add lines 2a through 2d 3 Amounts included on Form 990, Part IVIII, line 7b 4 Add lines 2a through 2d 4		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
a Net unrealized gains (losses) on investments 2a   b Donated services and use of facilities 2b   c Recoveries of prior year grants 2c   d Other (Describe in Part XIII.) 2d   e Add lines 2a through 2d 2e   3 Subtract line 2e from line 1 3   4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a   a Investment expenses not included on Form 990, Part VIII, line 7b 4a   b Other (Describe in Part XIII.) 4b   c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5   Fort XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12.   1 Total expenses and use of facilities 2a   2 Amounts included on line 1 but not on Form 990, Part IV, line 25:   a Donated services and use of facilities   b Prior year adjustments   c Other (Describe in Part XIII.)   e Add lines 2 at through 2d   3 Amounts included on Form 990, Part IX, line 25:   a Donated services and use of facilities   b Prior year adjustments   c Other (Describe in Part XIII.)   e Add lines 2a through 2d   3 Amounts included on Form 990, Part IX, line 25, but not on line 1:   a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:   a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:   a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1:   a Investment expenses	1	Total revenue, gains, and other support per audited financial statements			1	
b Donated services and use of facilities 2b   c Recoveries of prior year grants 2c   d Other (Describe in Part XIII.) 2d   e Add lines 2a through 2d 2e   3 3   A Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Fart XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenues and losses per audited financial statements 2 a Donated services and use of facilities b Piror year adjustments c Other losses c d Other (Describe in Part XIII.) d Other (Describe in Part XIII.) a Donated services and use of facilities b Piror year adjustments c Other losses d Other (Describe in Part XIII.) d dilines 2a through 2d 3 Subtract line 2e from line 1 4a investment expenses not included on Form 990, Part IV, line 7b 4a investment expenses not included on Form 990, Part IVIII, line 7b 4a investment expenses not included on Form 990, Part IVIII, line 7b 4a 4b c Add lines 4a and 4b 4c	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
c Recoveries of prior year grants 2c   d Other (Describe in Part XIII.) 2d   e Add lines 2a through 2d 2e   3 Subtract line 2e from line 1 3   4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a   a Investment expenses not included on Form 990, Part VIII, line 7b 4a   b Other (Describe in Part XIII.) 4b   c Add lines 4a and 4b 4c   5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) 5   Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.   Complete if the organization answered "Yes" on Form 990, Part IV, line 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:   a Donated services and use of facilities   b Prior year adjustments   c Other (Describe in Part XIII.)   e Add lines 2a through 2d   3 2a	а	Net unrealized gains (losses) on investments	2a			
d Other (Describe in Part XIII.)       2d       2e         a Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4a         c Add lines 4a and 4b       4c         5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1 Total expenses and losses per audited financial statements       1         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         a Donated services and use of facilities       2a         b Prior year adjustments       2b         c Other losses       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         a Amounts included on Form 990, Part IX, line 25, but not on line 1:       3         a Investment expenses not included on Form 990, Part VIII, line 7b       4a	b	Donated services and use of facilities	2b			
e Add lines 2a through 2d 2e   3 Subtract line 2e from line 1 3   4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a   a Investment expenses not included on Form 990, Part VIII, line 7b 4a   b Other (Describe in Part XIII.) 4b   c Add lines 4a and 4b 4c   5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) 5   Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.   Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   1 Total expenses and losses per audited financial statements   2 Amounts included on line 1 but not on Form 990, Part IX, line 25:   a Donated services and use of facilities   b Prior year adjustments   c Other (Describe in Part XIII.)   e Add lines 2a through 2d   3 2e   3 4   4 4a   4 4a   4 4a	с	Recoveries of prior year grants	2c			
3 Subtract line 2e from line 1 3   4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a   a Investment expenses not included on Form 990, Part VIII, line 7b 4a   b Other (Describe in Part XIII.) 4b   c Add lines 4a and 4b 4c   5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) 5   Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1   1 Total expenses and losses per audited financial statements 1   2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a   b Prior year adjustments 2b   c Other (Describe in Part XIII.) 2d   e Add lines 2a through 2d 2e   3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a   4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a   4 Amounts included on Form 990, Part VIII, line 7b 4a   b Other (Describe in Part XIII.) 4a   c Add lines 4a and 4b 4c	d	Other (Describe in Part XIII.)	2d			
4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b         c       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2e         3       3       3         4       Amounts included on Form 990, Part IX, line 7b       4a         4       Amounts included on Form 990, Part IX, line 7b       4a         4       Amounts included on Form 990, Part IX, line 7b       4a         b       Other (Describe in Part XIII.)	е	Add lines 2a through 2d			2e	
a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         a       Donated services and use of facilities       2b         b       Prior year adjustments       2c         c       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2e         3       3       3         4       Amounts included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4a         c       Add lines 2a through 2d       3         3       4       4a       4c         b       Other (Describe in Part XIII.)       4a       4c         b       Other (Descr	3				3	
b       Other (Describe in Part XIII.)       4b       4c         c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         Part XIII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b       2c         c       Other (Describe in Part XIII.)       2d       2e         3       Add lines 2a through 2d       3       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       3       4         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b         b       Other (Describe in Part XIII.)       4b       4c	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
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5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         a       Donated services and use of facilities       2b         b       Prior year adjustments       2b         c       Other IOsses       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b	b	Other (Describe in Part XIII.)	4b		4	
Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       1         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b       2c         c       Other losses       2c       2d         d       Other (Describe in Part XIII.)       2d       2e         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4a         c       Amounts included on Form 990, Part VIII, line 7b       4a         d       Other (Describe in Part XIII.)       4a         c       Add lines 4a and 4b       4c	С					
Complete if the organization answered "Yes" on Form 990, Part IV, line 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:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         4a       4b						
1       Total expenses and losses per audited financial statements       1         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b       2c         c       Other losses       2c       2d         d       Other (Describe in Part XIII.)       2d       2e         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c	Pa		•	enses per	r Return.	
2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments         c       Other losses         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         4a       4a         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b		· · · · · · · · · · · · · · · · · · ·			1 . 1	
a Donated services and use of facilities       2a       2a         b Prior year adjustments       2b       2b         c Other losses       2c       2d         d Other (Describe in Part XIII.)       2d       2e         e Add lines 2a through 2d       2e       3         Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c						
b Prior year adjustments   c Other losses   d Other (Describe in Part XIII.)   e Add lines 2a through 2d   3 Subtract line 2e from line 1   4 Amounts included on Form 990, Part IX, line 25, but not on line 1:   a Investment expenses not included on Form 990, Part VIII, line 7b   b Other (Describe in Part XIII.)   c Add lines 4a and 4b	2		1.1			
c       Other losses       2c       2d         d       Other (Describe in Part XIII.)       2d       2e         e       Add lines 2a through 2d       2e         3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c					4	
d Other (Describe in Part XIII.)     2d     2e       e Add lines 2a through 2d     2e       3 Subtract line 2e from line 1     3       4 Amounts included on Form 990, Part IX, line 25, but not on line 1:     3       a Investment expenses not included on Form 990, Part VIII, line 7b     4a       b Other (Describe in Part XIII.)     4b       c Add lines 4a and 4b     4c	b				4	
e Add lines 2a through 2d     2e       3 Subtract line 2e from line 1     3       4 Amounts included on Form 990, Part IX, line 25, but not on line 1:     a       a Investment expenses not included on Form 990, Part VIII, line 7b     4a       b Other (Describe in Part XIII.)     4b       c Add lines 4a and 4b     4c	с				4	
3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c	d					
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:       4a         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c	-					
a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c	-				3	
b         Other (Describe in Part XIII.)         4b           c         Add lines 4a and 4b         4c	-					
c Add lines 4a and 4b 4c	a				4	
	a					
o Total expenses. Add lines o and 4C. (This must equal Form 390, Part 1, line 16.)	_					
Part XIII Supplemental Information.	_				ן ס ן	

Part XIII Supplemental Information.

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

PART X, LINE 2:

NEIGHBORHOOD OF AFFORDABLE HOUSING, INC (NOAH) ACCOUNTS FOR UNCERTAINTY IN
INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD
CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A
RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE CONSOLIDATING
FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE
TAKEN IN A TAX RETURN. NOAH HAS DETERMINED THAT THERE ARE NO UNCERTAIN
TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE
CONSOLIDATING FINANCIAL STATEMENTS AT DECEMBER 31, 2022. NOAH'S
INFORMATION RETURNS ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE
JURISDICTIONS.

232054 09-01-22

Schedule D	(Form 990) 2022	NEIGHBORHOOD Information (continued)	OF	AFFORDABLE	HOUSING,	INC.04-2964630	Page 5
Part XIII	Supplemental	Information (continued)					
				_			
						Schedule D (Form 9	90) 2022
232055 09-01-	-22			50			-,
				50			

06470807 715045 57049 2022.04010 NEIGHBORHOOD OF AFFORDABLE 57049_1

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.									
Name of the organization	ne of the organization  NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.									
Part I General Inf	formation on Grants a		FORDABLE HO	USING, IN	C.			04-296	54630	
	ation maintain records t		amount of the grants	or assistance, the	e grantees' eligibili	ty for the grants or ass	sistance, and the selec	ction		
-	ward the grants or assis		-						No	
2 Describe in Part I	V the organization's pro	ocedures for monit	oring the use of grant	funds in the Unite	d States.					
	I Other Assistance to at received more than S					anization answered "Y	es" on Form 990, Par	rt IV, line 21, for any		
1 (a) Name and add	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of g or assistance		
					$\mathbf{)}$					

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ....

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

Schedule I (Form 990) 2022

04-2964630

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1201	6,270,825.	0.		RENTAL ASSISTANCE PAYMENTS
	recipients	recipients cash grant	recipients cash grant cash assistance	recipients cash grant cash assistance (book, FMV, appraisal, other)

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

NOAH CLOSELY MONITORS RENTAL RELIEF PAYMENTS INCLUDING REQUIRING A LETTER

OF AGREEMENT TO FOLLOW PROCEDURES OR HAVE FUNDS REVOKED. ALL PAYMENTS ARE

MADE TO ELIGIBLE INDIVIDUALS IN THE UNITED STATES CONSISTENT WITH THE GRANT

AGREEMENT.

SC	HEDULE J	Compensation Information	I	OMB No. 1	1545-00	47	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22	)	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20			
Depa	tment of the Treasury	Attach to Form 990.		Open to			
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nam	e of the organization			identificatio		mber	
_		NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.	04-2	296463	0		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
First-class or charter travel Housing allowance or residence for personal use							
	Travel for com						
		ation and gross-up payments					
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)				
۶.	If any of the base	on line to are shealed, did the execution follow a written a line was reading and					
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		46			
2		provision of all of the expenses described above? If "No," complete Part III to explain In require substantiation prior to reimbursing or allowing expenses incurred by all directors,		1b			
2	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
	trustees, and onice			····· <b>2</b>			
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization?	\$				
•		ector. Check all that apply. Do not check any boxes for methods used by a related organization					
		ation of the CEO/Executive Director, but explain in Part III.					
Compensation committee							
		compensation consultant Compensation survey or study					
	·	ther organizations X Approval by the board or compensation of	ommittee				
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а		e payment or change-of-control payment?				X	
b	b Participate in or receive payment from a supplemental nonqualified retirement plan?					X	
С		eive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	<b>.</b>						
_		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on				
-	contingent on the r			F		x	
a ⊾	Any rolated errors	ation?		5a		X	
Ø		ation? or 5b, describe in Part III.		<u>5b</u>			
6		on 50, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on				
0	contingent on the r						
я				6a		x	
		ation?				X	
~		br 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	s				
		nes 5 and 6? If "Yes," describe in Part III		7		Х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t					
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III						
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
		n 53.4958-6(c)?	<u></u>	9			
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990	) 2022	

232111 10-18-22

Schedule J (Form 990) 2022

#### NEIGHBORHOOD OF AFFORDABLE HOUSING, INC. 04-2964630

#### 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) PHILIP R. GIFFEE	(i)	178,708.	0.	0.	0.	30,272.	208,980.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	. 0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

#### Part III Supplemental Information

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

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 2022 Open to Public Inspection

NEIGHBORHOOD OF AFFORDABLE HOUSING, INC. 04

Employer identification number 04 - 2964630

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

EQUITY, COMMUNITY COHESION, ENVIRONMENTAL JUSTICE, AND ECONOMIC

RESILIENCY. WE INCREASE ACCESS TO AFFORDABLE HOUSING, CREATE SOCIAL AND

ECONOMIC OPPORTUNITIES, AND EMPOWER RESIDENTS TO BE LEADERS OF CHANGE.

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

RECIPIENTS THUS FAR AND WILL CONTINUE INTO 2023.

-FSNP (FAMILY SAFETY NET) - SERVES RECENTLY HOMELESS FAMILIES WITH

MINOR CHILDREN; PROVIDES SHORT-TERM EMERGENCY HOTEL STAYS, REFERRALS,

AND/OR COUNSELING/CASE MANAGEMENT ASSISTANCE IN TRANSITIONING TO

SHELTER OR HOUSING

-FAP (FINANCIAL ASSISTANCE) - SERVES HOMELESS OR THOSE AT RISK OF

HOMELESSNESS; PROVIDES RENTAL FUNDING GRANTS PAID TO LANDLORDS TO

PREVENT EVICTIONS 'UPSTREAM' (PREFERRED) OR FOR FIRST OR LAST AND

DEPOSIT FOR NEW APARTMENTS UP TO \$2,500

-HOMELESSNESS PREVENTION - PROVIDES COUNSELING AND/OR CASE MANAGEMENT

FOR HOUSEHOLDS AT RISK OF HOMELESSNESS SOON, BUT NOT IMMEDIATELY OR FOR

THOSE WHO DO NOT MEET THE CRITERIA OF THE THREE SERVICE LINES ABOVE

-COVID-19 RENT RELIEF - SERVES HOUSEHOLDS NEGATIVELY IMPACTED

FINANCIALLY BY COVID-19; PROVIDES RENT PAYMENTS TO LANDLORDS TO KEEP

HOUSEHOLDS IN THEIR APARTMENT HOMES THROUGH PAYING RENTAL ARREARS

AND/OR FUTURE STIPENDS; ALSO PAYS LATE UTILITY BILLS UP TO \$1,500

AND/OR MOVE-IN COSTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

SENIOR HOME REPAIR: ASSISTS LOW INCOME SENIORS WHO ARE HOMEOWNERS IN

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

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 10-28-22

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Schedule O (Form 990) 2022	Page
Name of the organization NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.	Employer identification number 04-2964630
MAINTAINING THEIR RESIDENCES SAFELY AND UPGRADE AND REPAI	R HEATING
SYSTEMS.	
EXPENSES \$ 189,975. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 0.
HOMEBUYER SERVICES: PROVIDES SERVICES RELATED TO HOME BU	YING TO FIRST
TIME HOMEBUYERS WHO ARE PRIMARILY LOW TO MODERATE INCOME	
INDIVIDUALS/FAMILIES. ALSO PROVIDES SERVICES RELATING TO	FORECLOSURE
MITIGATION AND PREVENTION COUNSELING. NOAH OFFERS THIS T	O INDIVIDUALS
AND FAMILIES WHO ARE BEHIND ON THEIR MORTGAGE PAYMENTS OR	MAY SOON
BECOME SO, OR IN THE FORECLOSURE PROCESS WITH THEIR LENDE	RS. FINANCIAL
LITERACY, CREDIT AND BUDGETING EDUCATION: PROVIDES LOW-A	ND MODERATE
INCOME COMMUNITY MEMBERS UP TO EIGHT HOURS OF FREE COURSE	WORK TEACHING
HOW TO ESTABLISH AND MAINTAIN A RECORD OF GOOD CREDIT, HO	W TO
UNDERSTAND CREDIT SCORING AND HOW TO SET AND REACH FINANC	IAL GOALS.
ALSO OFFERS FREE VOLUNTEER INCOME TAX ASSISTANCE DURING T	HE TAX YEAR
FOR LOW-MODERATE INCOME INDIVIDUALS AND FAMILIES WHO QUAL	IFY.
EXPENSES \$ 464,378. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 0.
PROPERTY MANAGEMENT: OVERSEES APPROXIMATELY 130 UNITS OF	AFFORDABLE
HOUSING PRIMARILY IN EAST BOSTON, INCLUDING TRINITY HOUSE	, WHICH IS
DEDICATED TO THE HOMELESS.	
EXPENSES \$ 537,653. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 312,547.
COMMUNITY SERVICES: WORKS WITH COMMUNITY MEMBERS FROM EA	ST BOSTON TO
IMPROVE THE ENVIRONMENT, ENHANCE THE QUALITY OF LIFE AND	DEVELOP
LEADERSHIP SKILLS OF RESIDENTS OF EAST BOSTON AND BEYOND.	THESE GOALS
ARE ACHIEVED BY INVOLVING A BROAD RANGE OF RESIDENTS AND	COMMUNITY
ASSOCIATIONS IN THE PLANNING, DESIGN, IMPLEMENTATION, MAI	
²³²²¹² 10-28-22 <b>57</b> <b>470807</b> 715045 57049 <b>2022.04010</b> NEIGHBORHOOD OF AFE	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.	Employer identification number 04-2964630
PROGRAMMING OF ENVIRONMENTAL RESTORATION PROJECTS, AS WEL	L AS COMMUNITY
ORGANIZING PROJECTS. ALSO PROVIDES ENGLISH CLASSES FOR S	PEAKERS OF
OTHER LANGUAGES (ESOL), AND SUMMER SOCCER AND SCHOOLYARD	PROGRAMS FOR
CHILDREN.	
EXPENSES \$ 532,275. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 0.
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND DI	RECTOR OF FINANCE
FIRST, THEN BY THE EXECUTIVE AND FINANCE COMMITTEES, AND	FINALLY BY THE
BOARD BEFORE IT IS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
NOAH AND AFFILIATES' BOARD OF DIRECTORS AND MANAGEMENT AR	E REQUIRED TO
COMPLETE AN ANNUAL CONFLICT OF INTEREST FORM. THESE FORMS	ARE COLLECTED AND
MAINTAINED AT NOAH'S ADMINISTRATIVE OFFICE. IF A CONFLICT	ARISES, IT IS
DISCUSSED AT THE BOARD MEETING AND NOTED IN THE MINUTES.	THE PARTICULAR
BOARD MEMBER IS EXCLUDED FROM VOTING ON A PARTICULAR ISSU	UE THAT HE/SHE HAS
A CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD REVIEWS AND EXAMINES ALL INFORMATION PRESENTED	BY THE PRESIDENT
AND EXECUTIVE COMMITTEE AFTER REVIEW OF THE EXECUTIVE DIR	ECTOR 'S
COMPENSATION. THE EXECUTIVE DIRECTOR REVIEWS THE COMPENSA	TION FOR ALL
SENIOR STAFF.	
FORM 990, PART VI, SECTION C, LINE 19:	
NOAH'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,	AND FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST.	

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Schedule O (Form 990) 2022

Name of the organization

NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.

FORM	990,	PART	VI,	LINE	16B

NOAH'S POLICY OVER EVALUATING ITS PARTICIPATION IN JOINT VENTURE

ARRANGEMENTS INVOLVES AN ASSESSMENT PERFORMED BY NOAH'S MANAGEMENT AND

BOARD OF DIRECTORS TO ENSURE THE TERMS OF ANY POTENTIAL JOINT VENTURE

RELATIONSHIP IS PERMITTED UNDER APPLICABLE FEDERAL TAX LAW AND NOAH'S

EXEMPT STATUS IS BEING SAFEGUARDED. IN ADDITION, FORMAL OPERATING AND

OTHER APPLICABLE AGREEMENTS ARE FORMALLY EXECUTED BY ALL PARTIES

INVOLVED AND CLEARLY OUTLINE NOAH'S ROLE IN ALL JOINT VENTURE

RELATIONSHIPS.

FORM 990, PART XII, LINE 2C

NOAH HAS NOT CHANGED ITS OVERSIGHT AND SELECTION PROCESS FROM THE PRIOR

YEAR.

232212 10-28-22

Schedule O (Form 990) 2022

SCHEDULE R

#### (Form 990)

Department of the Treasury

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

04-2964630

Internal Revenue Service

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

Name of the organization

#### NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.

NC.

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
PACO PROPERTIES LLC - 04-2964630	HOLDS TITLE TO REAL				
143 BORDER STREET	PROPERTY LOCATED IN E.				
EAST BOSTON, MA 02128	BOSTON AND COLLECT RENTAL	MASSACHUSETTS	1,022,415.	15,617,267.	ИОАН
SIOCHAIN PROPERTIES LIMITED PARTNERSHIP -	PROVIDES HOUSING FOR LOW TO				
04-3489643, 143 BORDER STREET, EAST BOSTON,	MODERATE INCOME				
MA 02128	INDIVIDUALS/FAMILIES	MASSACHUSETTS	201,424.	1,383,330.	ИОАН
TRINITY HOUSE LLC - 27-1954514	HOLDS TITLE TO REAL				
143 BORDER STREET	PROPERTY LOCATED IN E.				
EAST BOSTON, MA 02128	BOSTON AND COLLECT RENTAL	MASSACHUSETTS	167,840.	1,197,069.	поан
AILERON HOMEOWNERSHIP LLC - 84-3250697	ACQUIRES LAND AND DEVELOPS				
143 BORDER STREET	SEVEN FOR-SALE CONDOMINIUM				
EAST BOSTON, MA 02128	UNITS	MASSACHUSETTS	٥.	2,612,366.	поан

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

<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
PEACE PROPERTIES INC 04-3173140							
143 BORDER STREET	PURCHASING AND DEVELOPING						
EAST BOSTON, MA 02128	AFFORDABLE HOUSING	MASSACHUSETTS	501(C)(3)	LINE 12A, I	NOAH	X	
PAZ PROPERTIES INC 04-3206160	RENTAL PROPERTIES FOR LOW						
143 BORDER STREET	TO MODERATE INCOME						
EAST BOSTON, MA 02128	FAMILIES	MASSACHUSETTS	501(C)(2)	N/A	NOAH	X	
SHALOM PROPERTIES INC 04-3358724	RENTAL PROPERTIES FOR LOW						
143 BORDER STREET	TO MODERATE INCOME						
EAST BOSTON, MA 02128	FAMILIES	MASSACHUSETTS	501(C)(2)	N/A	NOAH	X	
NOAH COMMUNITY DEVELOPMENT FUND INC	PROVIDES LOANS AND						
04-3554045, 143 BORDER STREET, EAST BOSTON,	COUNSELING TO LOW/MODERATE						
MA 02128	INCOME FAMILIES	MASSACHUSETTS	501(C)(3)	LINE 10	NOAH	X	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2022

Part I Continuation of Identification of Disregarded Entities

<b>(a)</b> Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
UNION BLOCK RENTAL GP, LLC - 86-3058228 143 BORDER STREET	GENERAL PARTNER OF A				
EAST BOSTON, MA 02128	LIMITED PARTNERSHIP	MASSACHUSETTS	0.	0.	NOAH
UNION RENTAL LIMITED PARTNERSHIP -					
86-3067719, 143 BORDER STREET, EAST BOSTON,	RENTAL PROPERTIES FOR LOW				UNION BLOCK RENTAL GP,
MA 02128	TO MODERATE INCOME FAMILIES	MASSACHUSETTS	0.	. 0.	LLC
	-				
	-				
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Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	organiz	olled zation?
				501(0)(3))		Yes	No
SIOCHAIN PROPERTIES INC 04-3488694 143 BORDER STREET	MANAGING MEMBER OF A						
EAST BOSTON, MA 02128	LIMITED PARTNERSHIP	MASSACHUSETTS	501(C)(3)	LINE 12B, II	NOAH	x	
			501(0)(3)	<u> </u>			
	_						
	-						
	=						

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. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	ı)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Dispropo allocat		Code V-UBI amount in box 20 of Schedule	managing partner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
STEVENS CORNER LP -	PROVIDES										
27-1785655, 143 BORDER	AFFORDABLE										
STREET, EAST BOSTON, MA	HOUSING (42										
02128	UNITS) FOR	MA	N/A	N/A				Х	N/A	X	
BENFIELD FARMS LP -	PROVIDES										
32-0398732, 143 BORDER	AFFORDABLE										
STREET, EAST BOSTON, MA	HOUSING (26										
02128	UNITS) FOR	MA	N/A	N/A				Х	N/A	X	
	PROVIDES										
SITKOWSKI LP - 36-4765056	AFFORDABLE										
143 BORDER STREET	HOUSING (66										
EAST BOSTON, MA 02128	UNITS) FOR	MA	N/A	N/A				Х	N/A	X	
	PROVIDES										
SHOE SHOP LP - 47-1320339	AFFORDABLE										
143 BORDER STREET	HOUSING (25										
EAST BOSTON, MA 02128	UNITS) FOR	MA	N/A	N/A				Х	N/A	X	

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

			1						
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	( Sec	(i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512( cont	(b)(13) trolled tity?
		country)		,				Yes	No
BENFIELD GP, LLC - 46-1555210	MANAGING MEMBER OF A								
143 BORDER STREET	LIMITED LIABILITY								
EAST BOSTON, MA 02128	COMPANY	MA	NOAH	C CORP	0.	100.	100.00%	Х	
COPPERSMITH VILLAGE RENTAL GP LLC -	MANAGING MEMBER OF A								
81-2975524, 143 BORDER STREET, EAST BOSTON,	LIMITED LIABILITY								
MA 02128	COMPANY	MA	NOAH	C CORP	0.	0.	79.00%	Х	
SHOE SHOP GP, LLC - 47-2125920	MANAGING MEMBER OF A								
143 BORDER STREET	LIMITED LIABILITY								
EAST BOSTON, MA 02128	COMPANY	MA	NOAH	C CORP	0.	100.	100.00%	Х	
SITKOWSKI GP, LLC - 46-2956971	MANAGING MEMBER OF A								
143 BORDER STREET	LIMITED LIABILITY								
EAST BOSTON, MA 02128	COMPANY	MA	NOAH	C CORP	36.	79.	79.00%	Х	
STEVENS CORNER GP, INC 27-1127297	MANAGING MEMBER OF A								
143 BORDER STREET	LIMITED LIABILITY								
EAST BOSTON, MA 02128	COMPANY	MA	NOAH	C CORP	0.	٥.	79.00%	Х	
232162 09-14-22	÷	63			•	Sche	dule R (Forr	n 990	) 202

SEE PART VII FOR CONTINUATIONS

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of		portion-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	aging	Percentage ownership
or related organization		(state or foreign country)	entity	excluded from tax under	Income	end-of-year assets		cations?	20 of Schedule	part	ner?	ownersnip
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
COPPERSMITH VILLAGE RENTAL LP												
- 36-4840097, 143 BORDER	AFFORDABLE											
STREET, EAST BOSTON, MA	HOUSING (56								27 / 2			
02128	UNITS) FOR	MA	N/A	N/A				x	N/A		x	
	4											
	4											
	4											
	4											
	4											
	4											
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	4											
	1											
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#### Schedule R (Form 990) 2022 NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
b Gift, grant, or capital contribution to related organization(s)			2
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	<u>1g</u>		
h Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	<u>1i</u>		
Lease of facilities, equipment, or other assets to related organization(s)			
Lease of facilities, equipment, or other assets from related organization(s)		X	
Performance of services or membership or fundraising solicitations for related organization(s)		X	
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses	1p	x	T
Reimbursement paid by related organization(s) for expenses		X	
r Other transfer of cash or property to related organization(s)			
Context transfer of cash or property from related organization(s)			
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 transa	action thresholds.		
(a) Name of related organization (b) Transaction type (a-s) (c) Amount involved Method of	(d) f determining amount involved		

Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1) PEACE PROPERTIES, INC.	Р	3,916,924.	FAIR MARKET VALUE
(2) PAZ PROPERTIES, INC.	L	146,630.	FAIR MARKET VALUE
(3) SHALOM PROPERTIES, INC.	L	111,336.	FAIR MARKET VALUE
(4) PEACE PROPERTIES, INC.	к	109,611.	FAIR MARKET VALUE
(5) NOAH COMMUNITY DEVELOPMENT FUND, INC.	Р	186,234.	FAIR MARKET VALUE
(6) SHALOM PROPERTIES, INC.	P	84,170.	FAIR MARKET VALUE

#### Schedule R (Form 990)

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

(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(7) NOAH COMMUNITY DEVELOPMENT FUND, INC.	Q	287,636.	FAIR MARKET VALUE
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

#### Schedule R (Form 990) 2022 NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disprop tionate allocation Yes N	(i) Code V-UBI amount in box 20 of Schedule K-1 o(Form 1065)	(j) General o managing partner? Yes NO	(k) Percentage ownership

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.04-2964630 Page 5

Part VII Supplemental Information

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

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME OF DISREGARDED ENTITY:

PACO PROPERTIES LLC

PRIMARY ACTIVITY: HOLDS TITLE TO REAL PROPERTY LOCATED IN E. BOSTON AND

COLLECT RENTAL INCOME.

NAME OF DISREGARDED ENTITY:

TRINITY HOUSE LLC

PRIMARY ACTIVITY: HOLDS TITLE TO REAL PROPERTY LOCATED IN E. BOSTON AND

COLLECT RENTAL INCOME.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

STEVENS CORNER LP

PRIMARY ACTIVITY: PROVIDES AFFORDABLE HOUSING (42 UNITS) FOR INDIVIDUALS

IN NORTH ANDOVER.

NAME OF RELATED ORGANIZATION:

BENFIELD FARMS LP

PRIMARY ACTIVITY: PROVIDES AFFORDABLE HOUSING (26 UNITS) FOR INDIVIDUALS

IN CARLISLE, MA.

NAME OF RELATED ORGANIZATION:

SITKOWSKI LP

PRIMARY ACTIVITY: PROVIDES AFFORDABLE HOUSING (66 UNITS) FOR INDIVIDUALS

#### IN WEBSTER MA.

232165 09-14-22

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 NEIGHBORHOOD OF AFFORDABLE HOUSING, INC.04-2964630 Page 5 Part VII Supplemental Information

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

#### NAME OF RELATED ORGANIZATION:

SHOE SHOP LP

PRIMARY ACTIVITY: PROVIDES AFFORDABLE HOUSING (25 UNITS) FOR INDIVIDUALS

IN MIDDLEBORO.

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

COPPERSMITH VILLAGE RENTAL LP

EIN: 36-4840097

143 BORDER STREET

EAST BOSTON, MA 02128

PRIMARY ACTIVITY: PROVIDES AFFORDABLE HOUSING (56 UNITS) FOR INDIVIDUALS

IN EAST BOSTON, MA.

DIRECT CONTROLLING ENTITY: N/A

232165 09-14-22

(Rev. January 2022)

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

►	File a	a separate	application	for each	return.

Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Туре о	r Name of exempt organization or other filer, see instru	Taxpaye	Eaxpayer identification number (TIN) $04 - 2964630$						
print	NEIGHBORHOOD OF AFFORDABLE								
File by th due date filing you return. Se	Number, street, and room or suite no. If a P.O. box, see instructions. 143 BORDER STREET								
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EAST BOSTON, MA 02128								
Enter t	ne Return Code for the return that this application is for (fil	le a separa	ate application for each return)			0 1			
Application			Application			Return			
Is For			Is For			Code			
Form 990 or Form 990-EZ			Form 1041-A			08			
Form 4720 (individual)			Form 4720 (other than individual)			09			
Form 990-PF			Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11			
Form 990-T (trust other than above)			Form 8870			12			
Form 9	90-T (corporation) VINNY QUALTIER	07							
<ul> <li>The books are in the care of ▶ 143 BORDER STREET - EAST BOSTON, MA 02128</li> <li>Telephone No. ▶ 617-567-5882</li> <li>Fax No. ▶ 617-522-2799</li> <li>If the organization does not have an office or place of business in the United States, check this box</li> <li>If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ If this is for the group, check this box ▶ If this is for a land attach a list with the names and TINs of all members the extension is for.</li> <li>I request an automatic 6-month extension of time until NOVEMBER 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 2022 or, and ending</li> <li>If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return</li> </ul>									
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	3a	\$	0.					
-	this application is for Forms 990-PF, 990-T, 4720, or 6069								
estimated tax payments made. Include any prior year overpayment allowed as a credit.					\$	0.			
c Balance due. Subtract line 3b from line 3a. Include your pa			ment with this form, if required, by						
using EFTPS (Electronic Federal Tax Payment System). See			ons.	3c	\$	0.			
Cautio instruc	<b>n:</b> If you are going to make an electronic funds withdrawal tions.	l (direct de	bit) with this Form 8868, see Form 8	3453-TE ar	nd Form 8879-TE fo	or payment			
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form <b>8868</b> (F	Rev. 1-2022)			