

Return of Organization Exempt From Income Tax

Form 990

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

2024

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization LONG ISLAND HOUSING PARTNERSHIP, INC D Employer identification number 11-2889068 E Telephone number 631-435-4710 G Gross receipts \$ 3,343,999. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: LIHP.ORG K Form of organization: L Year of formation: 1987 M State of legal domicile: NY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer PETER J. ELKOWITZ JR., PRESIDENT/CEO Date: Preparer's name MAGDALENA CZERNIAWSKI Preparer's signature MAGDALENA CZERNIAWSKI Date 11/06/25 PTIN P00535099 Firm's name CBIZ ADVISORS, LLC Firm's EIN 87-3707167 Firm's address 685 THIRD AVENUE NEW YORK, NY 10017 Phone no. 212-503-8800

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: LONG ISLAND HOUSING PARTNERSHIP, INC. (LIHP) WAS CREATED TO ADDRESS THE NEED FOR AND TO PROVIDE AFFORDABLE HOUSING OPPORTUNITIES ON LONG ISLAND FOR THOSE WHO ARE UNABLE TO AFFORD HOMES, THROUGH DEVELOPMENT, TECHNICAL ASSISTANCE, MORTGAGE COUNSELING, HOMEBUYER AND FAIR HOUSING

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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? [X] Yes [] No 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 (Code:) (Expenses \$ 1,111,596. including grants of \$) (Revenue \$ 334,272.) AHC HOME IMPROVEMENT PROGRAM (HIP): HIP BENEFITS THE COMMUNITY BY ELIMINATING AND PREVENTING BLIGHT, AND BY CORRECTING BASIC HOUSING DEFICIENCIES SUCH AS BUILDING CODE VIOLATIONS OR STRUCTURAL DEFECTS, FOR FAMILIES AND SENIOR CITIZENS WITH LOW TO MODERATE INCOMES. IN ADDITION, THE PROGRAM CAN ELIMINATE ARCHITECTURAL BARRIERS FOR ELIGIBLE HANDICAPPED HOMEOWNERS. -THREE REHABS WERE COMPLETED IN 2024. THE NYS AFFORDABLE HOUSING CORPORATION (AHC) GRANTED EACH HOMEOWNER A MAXIMUM OF \$40,000, GENERATING PROGRAM REVENUE OF \$9,000. PLUS-ONE ACCESSORY DWELLING UNIT PROGRAM (ADUP): IN PARTNERSHIP WITH THE TOWNS OF BROOKHAVEN, HUNTINGTON, ISLIP AND SOUTHOLD, LIHP WAS AWARDED \$12 MILLION FROM THE NYS AFFORDABLE HOUSING

4b (Code:) (Expenses \$ 531,249. including grants of \$) (Revenue \$ 928,514.) TECHNICAL ASSISTANCE: LIHP PROVIDES TECHNICAL ASSISTANCE SERVICES TO MUNICIPALITIES, NOT-FOR-PROFIT HOUSING ORGANIZATIONS AND FOR-PROFIT DEVELOPERS TO FACILITATE THE CREATION OF AFFORDABLE HOUSING. SERVICES PROVIDED INCLUDE THE ADMINISTRATION OF APPLICANT WAITING LISTS, CONDUCTING LOTTERIES, DETERMINATION OF APPLICANT ELIGIBILITY AND RE-CERTIFICATION, APPLICANT FINANCIAL COUNSELING AND ASSISTANCE, AND SERVING AS AN INTERMEDIARY BETWEEN THE BUILDERS OF AFFORDABLE HOUSING AND THE COMMUNITIES IN WHICH WE SERVE. LIHP ASSISTED 1,146 HOUSEHOLDS IN 2024 THROUGH ITS TECHNICAL ASSISTANCE PROGRAMS. OF THESE 1,146 UNITS, 1,014 WERE RENTALS, 15 WERE HOMEOWNERSHIP AND 117 WERE LIMITED EQUITY COOPERATIVE UNITS.

4c (Code:) (Expenses \$ 365,049. including grants of \$) (Revenue \$ 105,270.) DEFAULT AND FORECLOSURE COUNSELING: HOMEOWNERS WHO ARE FACING DEFAULT ON AN EXISTING MORTGAGE OR OTHER RELATED ISSUES CAN MEET WITH A COUNSELOR TO DISCUSS HOW TO GET BACK ON TRACK WITH THEIR MORTGAGE LENDER. THE COUNSELING FOCUSES ON DETERMINING THE AMOUNT AND EXTENT OF THE DEFAULT, THE REASON FOR DELINQUENCY AND POSSIBLE OPTIONS WHICH COULD BE AVAILABLE TO THE HOMEOWNER TO RESOLVE THE DELINQUENCY. TO HELP AND ASSIST HOMEOWNERS CONTINUES TO BE DIFFICULT AND CHALLENGING. WITH NO FUNDS AVAILABLE TO ASSIST (HAF) IT IS A VERY CHALLENGING ENVIRONMENT. WE FEEL THERE NEEDS TO BE BETTER EFFORTS FROM SERVICERS TO HELP HOMEOWNERS RETAIN THEIR PROPERTY. ALLOWING THE HOMEOWNERS TO KEEP THEIR EXISTING RATES IF LOWER THAN MARKET RATES. IN ADDITION, THE BROADER ECONOMIC ENVIRONMENT SUCH AS

4d Other program services (Describe on Schedule O.) (Expenses \$ 392,446. including grants of \$) (Revenue \$ 809,449.)

4e Total program service expenses 2,400,340.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
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 "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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 "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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 "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		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 "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and their compliance status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 30		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 30		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
ANDREW BENTIVEGNA, DIR. OF FIN. - 631-435-4710
180 OSER AVENUE, HAUPPAUGE, NY 11788

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PETER J. ELKOWITZ JR. PRESIDENT/CEO	25.00 25.00			X				349,855.	0.	57,551.
(2) JAMES BRITZ EXEC. VP/COO	25.00 20.00			X				253,571.	0.	66,592.
(3) JILL ROSEN-NIKOLOFF CCO/GENERAL COUNSEL	25.00 20.00			X				197,453.	0.	12,772.
(4) VALERIE CANNY CFO (OUTGOING)	25.00 20.00			X				134,633.	0.	4,697.
(5) ANDREW BENTIVEGNA DIRECTOR OF FINANCE	25.00 20.00			X				24,213.	0.	0.
(6) ANDREA ROTHCHILD DIRECTOR	0.10 0.30	X						0.	0.	0.
(7) ANTHONY ESERNIO TREASURER	0.10 0.50	X		X				0.	0.	0.
(8) BRIAN SAPP DIRECTOR	0.10 0.30	X						0.	0.	0.
(9) CHRISTOPHER M. HAHN DIRECTOR	0.10 0.30	X						0.	0.	0.
(10) CHRISTOPHER MCKEVER DIRECTOR	0.10 0.30	X						0.	0.	0.
(11) ELENA A. DUNDON SECRETARY	0.10 0.50	X		X				0.	0.	0.
(12) KEVIN M. HARVEY DIRECTOR	0.10 0.30	X						0.	0.	0.
(13) KEVIN S, LAW, ESQ CHARIMAN	0.40 0.60	X		X				0.	0.	0.
(14) LAWRENCE S. JONES DIRECTOR	0.10 0.30	X						0.	0.	0.
(15) MARLO PAVENTI DIRECTOR	0.10 0.30	X						0.	0.	0.
(16) MARTHA ABRAMS DIRECTOR	0.10 0.30	X						0.	0.	0.
(17) MARY REID 2ND VICE CHAIRWOMAN	0.10 0.30	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MATTHEW COHEN DIRECTOR	0.10 0.30	X						0.	0.	0.
(19) MELISSA SANTOS DIRECTOR	0.10 0.30	X						0.	0.	0.
(20) PATRICK HALPIN DIRECTOR	0.10 0.30	X						0.	0.	0.
(21) PETER G. FLOREY DIRECTOR	0.10 0.30	X						0.	0.	0.
(22) PETER KLEIN DIRECTOR	0.10 0.30	X						0.	0.	0.
(23) REINALDO (REI) PEREZ DIRECTOR	0.10 0.30	X						0.	0.	0.
(24) REV. DR. DARIS DIXON-CLARK DIRECTOR	0.10 0.30	X						0.	0.	0.
(25) RICHARD J. LOCKE DIRECTOR	0.10 0.30	X						0.	0.	0.
(26) ROBERT A. ISAKSEN DIRECTOR	0.10 0.30	X						0.	0.	0.
1b Subtotal								959,725.	0.	141,612.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								959,725.	0.	141,612.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	38,850.				
	c	Fundraising events	1c	61,808.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	713,481.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	243,488.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		1,057,627.				
	Program Service Revenue	2 a	TECHNICAL ASSISTANCE	Business Code	900099	928,514.	928,514.	
b		APPLICATION, CLOSING & MORTGAGE COUNSELING		900099	334,272.	334,272.		
c				900099	105,270.	105,270.		
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			1,368,056.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)			38,085.		38,085.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					46,290.			
	b	Less: cost or other basis and sales expenses	7b		0.			
	c	Gain or (loss)	7c		46,290.			
d	Net gain or (loss)			46,290.		46,290.		
8 a	Gross income from fundraising events (not including \$ 61,808. of contributions reported on line 1c). See Part IV, line 18	8a						
				24,492.				
				31,627.				
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events			-7,135.		-7,135.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	REIMB. FROM AFFILIATES	Business Code	900099	809,449.	809,449.		
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			809,449.			
	12	Total revenue. See instructions			3,312,372.	2,177,505.	0.	77,240.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,101,337.	627,762.	451,549.	22,026.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,097,606.	636,330.	439,571.	21,705.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	58,117.	33,694.	23,274.	1,149.
9 Other employee benefits	292,902.	168,948.	118,142.	5,812.
10 Payroll taxes	141,205.	81,221.	57,177.	2,807.
11 Fees for services (nonemployees):				
a Management				
b Legal	15,635.		15,635.	
c Accounting	75,495.		75,495.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,869.		2,869.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	638,040.	494,852.	129,258.	13,930.
12 Advertising and promotion	31,711.	31,711.		
13 Office expenses	126,821.	73,987.	51,032.	1,802.
14 Information technology				
15 Royalties				
16 Occupancy	145,197.	83,503.	58,808.	2,886.
17 Travel	17,254.	10,535.	6,415.	304.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	12,279.	7,879.	4,156.	244.
20 Interest	1,283.		1,283.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	97,304.	55,960.	41,344.	
23 Insurance	68,699.	39,509.	27,824.	1,366.
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 O.)				
a PROG. RELATED EXP.	36,969.	36,431.	538.	
b REPAIRS AND MAINTENANCE	19,101.	10,984.	7,737.	380.
c BAD DEBT	16,490.		16,490.	
d OTHER	12,139.	7,034.	4,950.	155.
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	4,008,453.	2,400,340.	1,533,547.	74,566.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,249,967.	1	1,427,081.
	2 Savings and temporary cash investments	2,818,416.	2	1,728,169.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	697,796.	4	686,171.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	39,127.	9	31,208.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 848,081.		
	b Less: accumulated depreciation	10b 776,646.	140,721.	10c 71,435.
	11 Investments - publicly traded securities	4,054,694.	11	3,600,466.
	12 Investments - other securities. See Part IV, line 11	1,262,133.	12	930,167.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	590,145.	15	458,956.
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,852,999.	16	8,933,653.	
Liabilities	17 Accounts payable and accrued expenses	724,362.	17	528,422.
	18 Grants payable		18	
	19 Deferred revenue		19	91,608.
	20 Tax-exempt bond liabilities	112,124.	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,623,436.	21	1,716,115.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,585,516.	25	2,486,028.
	26 Total liabilities. Add lines 17 through 25	6,045,438.	26	4,822,173.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,028,417.	27	3,332,336.
	28 Net assets with donor restrictions	779,144.	28	779,144.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	4,807,561.	32	4,111,480.
	33 Total liabilities and net assets/fund balances	10,852,999.	33	8,933,653.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,312,372.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,008,453.
3	Revenue less expenses. Subtract line 2 from line 1	3	-696,081.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,807,561.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,111,480.

Part XII Financial Statements and Reporting

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	881,394.	3852202.	3917804.	2552486.	1050492.	12254378.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	881,394.	3852202.	3917804.	2552486.	1050492.	12254378.
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.						12254378.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	881,394.	3852202.	3917804.	2552486.	1050492.	12254378.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	21,355.	64,786.	44,641.	27,612.	38,085.	196,479.
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.)			16,250.	613,907.	833,941.	1464098.
11 Total support. Add lines 7 through 10						13914955.
12 Gross receipts from related activities, etc. (see instructions)					12	6,627,956.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	88.07 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	96.79 %
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b 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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

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)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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? <i>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.</i>		
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? <i>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.</i>		
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? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	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 organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FUNDRAISING INCOME

2022 AMOUNT: \$ 16,250.
 2023 AMOUNT: \$ 19,710.
 2024 AMOUNT: \$ 24,492.

REIMBURSEMENT FEE

2023 AMOUNT: \$ 594,197.
 2024 AMOUNT: \$ 809,449.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

LONG ISLAND HOUSING PARTNERSHIP, INC

Employer identification number

11-2889068

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization LONG ISLAND HOUSING PARTNERSHIP, INC	Employer identification number 11-2889068
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BANK OF AMERICA 300 BROADHOLLOW ROAD, 4TH FLOOR MELVILLE, NY 11747	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	M&T BANK 350 PARK AVENUE, 6TH FLOOR NEW YORK, NY 10022	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NY COMMUNITY BANK FOUNDATION 1400 OLD NORTHERN BLVD. ROSLYN, NY 11576-2127	\$ 32,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NYS AFFORDABLE HOUSING CORPORATION 641 LEXINGTON AVE NEW YORK, NY 10022	\$ 28,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	NYS OFFICE OF COMMUNITY RENEWAL 641 LEXINGTON AVE NEW YORK, NY 10022	\$ 189,638.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NYS OFFICE OF THE ATTORNEY GENERAL 120 BROADWAY, 25TH FLOOR NEW YORK, NY 10271	\$ 49,667.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LONG ISLAND HOUSING PARTNERSHIP, INC	Employer identification number 11-2889068
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SUFFOLK COUNTY 100 VETERANS MEMORIAL HWY HAUPPAUGE, NY 11788	\$ 92,216.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	TOWN OF BABYLON 200 EAST SUNRISE HIGHWAY LINDENHURST, NY 11757	\$ 185,538.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	TOWN OF BROOKHAVEN 1 INDEPENDENCE HILL FARMINGVILLE, NY 11738	\$ 123,095.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	TOWN OF HEMPSTEAD 200 NORTH FRANKLIN STREET HEMPSTEAD, NY 11550	\$ 34,310.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	VALLEY NATIONAL BANK 740 VETERANS MEMORIAL HIGHWAY HAUPPAUGE, NY 11788	\$ 30,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	WEBSTER BANK 845 WHEELER ROAD HAUPPAUGE, NY 11788	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LONG ISLAND HOUSING PARTNERSHIP, INC	Employer identification number 11-2889068
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	WELLS FARGO 420 MONTGOMERY ST SAN FRANCISCO, CA 94111	\$ 31,670.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization LONG ISLAND HOUSING PARTNERSHIP, INC	Employer identification number 11-2889068
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization LONG ISLAND HOUSING PARTNERSHIP, INC	Employer identification number 11-2889068
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

LONG ISLAND HOUSING PARTNERSHIP, INC

Employer identification number

11-2889068

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

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,337,025.	4,852,111.	5,670,135.	5,283,419.	4,884,411.
b Contributions					
c Net investment earnings, gains, and losses	455,662.	484,914.	-818,024.	386,716.	399,561.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,250,000.				553.
f Administrative expenses					
g End of year balance	4,542,687.	5,337,025.	4,852,111.	5,670,135.	5,283,419.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 99.6500 %
- b** Permanent endowment .3500 %
- c** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		328,372.	322,490.	5,882.
d Equipment		519,709.	454,156.	65,553.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				71,435.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) OPEN END DYNAMIC ASSET		
(B) ALLOCATION	718,383.	END-OF-YEAR MARKET VALUE
(C) ALTERNATIVE INVESTMENTS	211,784.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	930,167.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) RIGHT OF USE ASSETS	422,996.
(2) CAPITALIZED PROJECT COSTS	35,960.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	458,956.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	1,576,259.
(3) OPERATING/FIANANCE LEASE LIABILITIES	433,349.
(4) PROJECT GRANT ADVANCES	476,420.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	2,486,028.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,791,351.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b	15,840.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	2,463,139.	
	e Add lines 2a through 2d	2e		2,478,979.
3	Subtract line 2e from line 1		3	3,312,372.
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		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,312,372.

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		1	5,978,167.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	15,840.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	1,953,874.	
	e Add lines 2a through 2d	2e		1,969,714.
3	Subtract line 2e from line 1		3	4,008,453.
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		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,008,453.

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 IV, LINE 2B:

LONG ISLAND HOUSING PARTNERSHIP, INC. HOLDS FUNDS ON BEHALF OF NEW YORK STATE AND VARIOUS LOCAL MUNICIPALITIES AS PART OF THE FOLLOWING PROGRAMS: HOMEOWNERSHIP AND ECONOMIC STABILIZATION FOR LONG ISLAND PROGRAM, NASSAU COUNTY DOWN PAYMENT ASSISTANCE PROGRAM, EMPLOYER ASSISTED HOUSING PROGRAM, AND THE COMMUNITY STABILIZATION PROGRAM. FUNDS AUTHORIZED FOR RELEASE ARE USED TO PROVIDE DOWN PAYMENT ASSISTANCE AND REHABILITATION FUNDS TO ELIGIBLE HOMEBUYERS.

PART V, LINE 4:

THE PRINCIPAL OF THE PERMANENT ENDOWMENT FUNDS ARE INVESTED IN AN INVESTMENT ACCOUNT. ANY EARNINGS CAN BE WITHDRAWN ANNUALLY AND USED FOR GENERAL OPERATING PURPOSES OF THE ORGANIZATION.

PART X, LINE 2:

THE ORGANIZATION BELIEVES IT HAS NO UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2024 AND 2023 IN ACCORDANCE WITH FASB ASC TOPIC 740, INCOME TAXES, WHICH PROVIDES STANDARDS FOR ESTABLISHING AND CLASSIFYING ANY TAX PROVISIONS FOR UNCERTAIN TAX POSITIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RELATED ENTITIES' REVENUE	5,598,362.
CONSOLIDATING ELIMINATIONS	-3,135,223.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,463,139.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL MEETING (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	86,300.		86,300.
	2	Less: Contributions	61,808.		61,808.
	3	Gross income (line 1 minus line 2)	24,492.		24,492.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	14,864.		14,864.
	7	Food and beverages	9,628.		9,628.
	8	Entertainment	1,343.		1,343.
	9	Other direct expenses	5,792.		5,792.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			31,627.
11	Net income summary. Subtract line 10 from line 3, column (d)			-7,135.	

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

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

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

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

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization LONG ISLAND HOUSING PARTNERSHIP, INC	Employer identification number 11-2889068
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive 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.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PETER J. ELKOWITZ JR. PRESIDENT/CEO	(i)	291,256.	55,000.	3,599.	20,289.	37,262.	407,406.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES BRITZ EXEC. VP/COO	(i)	196,025.	45,000.	12,546.	13,206.	53,386.	320,163.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JILL ROSEN-NIKOLOFF CCO/GENERAL COUNSEL	(i)	182,453.	15,000.	0.	12,772.	0.	210,225.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

ANY SALARY CHANGES AND BONUSES ARE DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS.

PART I, LINE 7:

IN 2024, EXECUTIVE OFFICERS APPROVED AN ANNUAL BONUS FOR THE NON-EXECUTIVE OFFICER IN THE AMOUNT REFLECTED IN PART VII OF FORM 990.

SCHEDULE J, PART II, COLUMN B(III):

PETER J. ELKOWITZ JR., PRESIDENT/CEO AND JAMES BRITZ, EXEC. VP/COO RECEIVED AUTO ALLOWANCE AND IT IS REPORTED IN COLUMN B(III).

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

LONG ISLAND HOUSING PARTNERSHIP, INC

Employer identification number

11-2889068

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

THROUGH DEVELOPMENT, TECHNICAL ASSISTANCE, MORTGAGE COUNSELING,
HOMEBUYER AND FAIR HOUSING EDUCATION AND LENDING PROGRAMS.

FORM 990, PART I, LINE 6

LIHP UTILIZES THE SERVICES OF MANY EXPERTS AND PROFESSIONAL VOLUNTEERS
WHO GENEROUSLY DONATE THEIR EXPERTISE TO SUPPORT PROGRAM AND
ADMINISTRATIVE NEEDS.

VOLUNTEERS INCLUDE UNCOMPENSATED BOARD OFFICERS AND BOARD DIRECTORS,
WHOSE CHIEF FUNCTION IS TO ADVANCE THE ORGANIZATION'S MISSION, AND
PROVIDE ORGANIZATIONAL OVERSIGHT, SUPPORT, AND DIRECTION. BOARD
OFFICERS AND DIRECTORS MEET PERIODICALLY TO DISCUSS AND VOTE ON THE
AFFAIRS OF THE ORGANIZATION. MANY BOARD OFFICERS AND DIRECTORS ALSO
VOLUNTEER ADDITIONAL TIME SERVING ON VARIOUS BOARD COMMITTEES.

LIHP ALSO RECEIVES DONATED LEGAL SERVICES ANNUALLY FROM AN ATTORNEY WHO
SERVES AS LIHP'S ONGOING BOARD COUNSEL.

OTHER VOLUNTEERS INCLUDE SEVERAL MORTGAGE AND LOAN SPECIALISTS WHO
PARTICIPATE IN GROUP EDUCATION AND MORTGAGE COUNSELING SESSIONS,
SPECIFICALLY PROVIDING INFORMATION TO PROSPECTIVE HOME BUYERS ON THE
PROCESS OF OBTAINING A MORTGAGE. FROM TIME TO TIME, VOLUNTEERS ARE ALSO
ASKED TO SPEAK AT OUR OFFICE OR AT A SEMINAR OR NEIGHBORHOOD FORUM.

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

EDUCATION AND LENDING PROGRAMS.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

COVID-19 RELATED PROGRAMS HAVE ENDED DUE TO PROGRAM GUIDELINES.

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

CORPORATION (AHC) TO ADMINISTER THE ADUP (\$2 MILLION PER TOWN). THIS
PROGRAM PROVIDES UP TO \$125,000 OF ASSISTANCE TO EXISTING LOW-AND
MODERATE-INCOME HOME OWNERS WISHING TO ADD AN ACCESSORY DWELLING UNIT
(ADU) TO THEIR PROPERTY OR MAKE CAPITAL REPAIRS TO AN EXISTING ADU THAT
NEEDS TO BE BROUGHT INTO COMPLIANCE WITH LOCAL AND STATE CODE
REQUIREMENTS. LIHP KICKED OFF A NEW ISLIP PROGRAM IN 2024, AND WAS
RECENTLY AWARDED A \$2 MILLION GRANT FOR RIVERHEAD IN EARLY 2025.

TOWN OF BABYLON HOME IMPROVEMENT PROGRAM:

-IN 2023, LIHP WAS AWARDED TOWN OF BABYLON COMMUNITY DEVELOPMENT HOME
IMPROVEMENT. IT PROVIDES NO-INTEREST DEFERRED PAYMENT LOANS TO
QUALIFIED LOW TO MODERATE-INCOME TO THREE HOMEOWNERS. THE MAXIMUM LOAN
IS UP TO \$50,000 TO CORRECT SUBSTANDARD HOUSING CODE VIOLATIONS AND AN
ADDITIONAL \$15,000 FOR LEAD ABATEMENT.

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

13 NEW TECHNICAL ASSISTANCE AGREEMENTS WERE EXECUTED IN 2024 FOR
VARIOUS DEVELOPMENTS, REPRESENTING 107 ADDITIONAL UNITS. OF THESE 13
DEVELOPMENTS, 10 ARE FOR RENTALS (REPRESENTING AN ADDITIONAL 98
AFFORDABLE UNITS) AND 3 ARE FOR HOMEOWNERSHIP (REPRESENTING AN
ADDITIONAL 9 AFFORDABLE UNITS) IN 2024, LIHP ASSISTED 1,146 HOUSEHOLDS
THROUGH ITS TECHNICAL ASSISTANCE PROGRAMS

-IN 2024, 10 NEW AFFORDABLE HOUSING DEVELOPMENTS BECAME ACTIVE, EITHER

Name of the organization	Employer identification number
LONG ISLAND HOUSING PARTNERSHIP, INC	11-2889068
THROUGH A VIRTUAL LOTTERY OR COMMENCEMENT OF A FIRST-COME FIRST-SERVED APPLICATION PROCESS, MAKING 110 ADDITIONAL AFFORDABLE UNITS AVAILABLE FOR QUALIFIED HOUSEHOLDS.	
-FOR 2024, LIHP HAD 58 ACTIVE TECHNICAL ASSISTANCE AGREEMENTS FOR WHICH WE PROVIDED RENTAL OR FIRST-TIME HOMEBUYER SERVICES. OF THESE 58 AGREEMENTS, 50 WERE FOR RENTAL DEVELOPMENTS AND 8 WERE FOR HOME OWNERSHIP DEVELOPMENTS.	
-AS OF JANUARY 2025, LIHP HAS 17 ADDITIONAL TECHNICAL ASSISTANCE AGREEMENTS WHICH ARE EXECUTED BUT WERE NOT ACTIVE IN 2024 FOR EITHER RENTAL OR FIRST-TIME HOMEBUYER SERVICES. THESE 17 AGREEMENTS REPRESENT AN ADDITIONAL 253 UNITS.	
-LIHP ALSO HAS A TECHNICAL SERVICES AGREEMENT IN CONNECTION WITH A 117-UNIT LIMITED EQUITY COOPERATIVE DEVELOPMENT (HIGHLAND GREENS) THROUGH WHICH LIHP PROVIDES GENERAL ASSISTANCE AND DESIGNATE REPRESENTATIVES TO SERVE AS BOARD MEMBERS.	

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
LOSS OF INCOME, INCREASE IN PROPERTY TAXES/HOME OWNER'S INSURANCE AND INFLATION MAKES IT DIFFICULT FOR THE HOMEOWNER TO RECOVER. LIHP CONTINUES TO WORK WITH LOCAL MUNICIPALITIES AND NYS OAG OFFICE ON OUTREACH SEMINARS TO BRING AWARENESS TO THE LONG ISLAND COMMUNITY.

-LIHP HAD 72 INTAKE APPLICATIONS IN 2024
-PROVIDED DEFAULT AND FORECLOSURE COUNSELING TO THREE CLIENTS IN NEED IN 2024

-LIHP SECURED \$257,283 IN HOPP YEAR 12 FUNDING FROM THE NYS ATTORNEY GENERAL FOR FORECLOSURE PREVENTION COUNSELING FOR THE GRANT PERIOD OF 7/16/2024 THROUGH 7/15/2025.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SUFFOLK COUNTY LAND BANK:

-SUFFOLK COUNTY LAND BANK (SCLB) IS CONTINUING TO USE FUNDS FROM ENTERPRISE FOUNDATION TO REHABILITATE HOMES THAT HAVE BEEN FORECLOSED. SCLB CONTRACTED WITH THE LONG ISLAND HOUSING PARTNERSHIP TO REHABILITATE THESE HOMES.

-LIHP ALSO COMPLETED ONE HOME REHABILITATIONS ON A HOME LOCATED IN BAY SHORE, NY. THIS HOME IS ANTICIPATED TO BE SOLD IN 2025
IN 2024, LIHP CONTINUED TO OUTREACH/MARKET AND SELL HOMES IN THE COMMUNITY LAND TRUST HOMES.

TO DATE:

-26 HOMES ARE CURRENTLY HELD IN THE CLT (25 SOLD; ONE LEASED)
-CURRENT ANNUALLY FEES GENERATED \$54,600
EXPENSES \$ 392,446. INCLUDING GRANTS OF \$ 0. REVENUE \$ 809,449.

FORM 990, PART VI, SECTION A, LINE 6:

CLASSES OF MEMBERS OR STOCKHOLDERS THE MEMBERSHIP OF LIHP SHALL CONSIST OF VOTING AND NON-VOTING MEMBERS PURSUANT TO ELIGIBILITY AND QUALIFICATIONS PRESCRIBED BY RESOLUTIONS DULY ADOPTED BY THE BOARD OF DIRECTORS OF LIHP, OR BY SUCH RULES AND REGULATIONS AS MAY BE PRESCRIBED BY THE BOARD OF DIRECTORS OF LIHP, FROM TIME TO TIME. SUCH RESOLUTIONS OR RULES AND REGULATIONS ADOPTED BY THE BOARD OF DIRECTORS OF LIHP MAY PRESCRIBE, WITH RESPECT TO ALL MEMBERS, THE AMOUNT AND MANNER OF IMPOSING AND COLLECTING ANY INITIATION FEES, DUES OR OTHER FEES, ASSESSMENTS, FINES AND PENALTIES, THE MANNER OF SUSPENSION OR TERMINATION OF MEMBERSHIP, AND FOR REINSTATEMENT OF MEMBERSHIP, AND, EXCEPT AS MAY OTHERWISE BE PROVIDED, THE RIGHTS, LIABILITIES AND OTHER INCIDENTS OF MEMBERSHIP. THE RIGHT OR INTEREST OF A MEMBER SHALL NOT TERMINATE EXCEPT UPON THE HAPPENING OF ANY

Name of the organization LONG ISLAND HOUSING PARTNERSHIP, INC	Employer identification number 11-2889068
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OF THE FOLLOWING EVENTS: DEATH, RESIGNATION, EXPULSION, DISSOLUTION OR LIQUIDATION OF LIHP.

FORM 990, PART VI, SECTION A, LINE 7A:

ELECTION OF MEMBERS AND THEIR RIGHTS EACH DIRECTOR SHALL BE ELECTED BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE MEMBERS AT THE ANNUAL MEETING OF MEMBERS AT WHICH A QUORUM IS PRESENT. DIRECTORS WHO ARE ELECTED AT AN ANNUAL MEETING OF THE MEMBERS, AND DIRECTORS WHO ARE ELECTED IN THE INTERIM TO FILL VACANCIES AND NEWLY CREATED DIRECTORSHIPS, SHALL HOLD OFFICE UNTIL THE NEXT SUCCEEDING ANNUAL MEETING OF THE MEMBERS UNTIL THEIR SUCCESSORS HAVE BEEN ELECTED AND QUALIFIED. IN THE INTERIM BETWEEN ANNUAL MEETINGS OR SPECIAL MEETINGS OF MEMBERS CALLED FOR THE ELECTION OF DIRECTORS, NEWLY CREATED DIRECTORSHIPS AND ANY EXISTING VACANCIES IN THE BOARD OF DIRECTORS, INCLUDING VACANCIES RESULTING FROM THE REMOVAL OF DIRECTORS FOR CAUSE, MAY BE FILLED BY THE AFFIRMATIVE VOTE OF THE MAJORITY OF THE DIRECTORS THEN IN OFFICE, ALTHOUGH LESS THAN A QUORUM EXISTS OR BY THE SOLE REMAINING DIRECTOR. A DIRECTOR ELECTED TO FILL A VACANCY CAUSED BY RESIGNATION, DEATH OR REMOVAL SHALL BE ELECTED TO HOLD OFFICE FOR THE UNEXPIRED TERM OF HIS PREDECESSOR.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS SUBJECT TO APPROVAL OF MEMBERS EACH VOTING MEMBER IN GOOD STANDING SHALL BE ENTITLED TO ONE VOTE, IN PERSON OR BY PROXY, ON EACH MATTER SUBMITTED TO A VOTE OF THE MEMBERS. A VOTING MEMBER WHOSE ANNUAL CONTRIBUTION (AS PER ANNIVERSARY DATE) IS DELINQUENT FOR SIX MONTHS OR MORE, SHALL NOT BE IN GOOD STANDING. ANY DIRECTOR MAY BE REMOVED FOR CAUSE BY THE MAJORITY VOTE OF THE MEMBERS ENTITLED TO VOTE, OR BY VOTE OF THE DIRECTORS PROVIDED THAT A QUORUM IS PRESENT AT THE TIME SUCH ACTION IS TAKEN. THE BY-LAWS OF LIHP SHALL BE SUBJECT TO ALTERATION OR REPEAL, AND NEW BY-LAWS MAY BE ADOPTED BY A MAJORITY VOTE OF THE BOARD OF DIRECTORS AND MEMBERS ENTITLED TO VOTE IN THE ELECTION OF DIRECTORS, AT ANY REGULAR MEETING OR AT ANY SPECIAL MEETING.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTANT AND REVIEWED BY SENIOR MANAGEMENT AND THE TREASURER, AN INDEPENDENT MEMBER OF THE BOARD OF DIRECTORS. A FULL COPY OF THE FORM 990 IS DISTRIBUTED TO THE FULL BOARD PRIOR TO FILING WITH THE IRS.

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

ENFORCEMENT OF CONFLICTS POLICY LONG ISLAND HOUSING PARTNERSHIP, INC.'S (LIHP) CONFLICT OF INTEREST POLICY IS OVERSEEN AND ADMINISTERED BY ITS AUDIT COMMITTEE. LIHP ASKS ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES TO COMPLETE A QUESTIONNAIRE, WHICH REQUIRES DISCLOSURE OF ANY CONFLICTS OF INTEREST THAT WOULD IMPACT THEIR DUTIES AND RESPONSIBILITIES TO LIHP. THIS IS TO BE COMPLETED BY ALL INCOMING OFFICERS, DIRECTORS, REPRESENTATIVES OF DIRECTORS (AT BOARD MEETINGS) AND KEY EMPLOYEES, PRIOR TO COMMENCEMENT OF SERVICE, AND IS TO BE UPDATED ON AN ANNUAL BASIS. AT THE BEGINNING OF THE YEAR, ALL INDIVIDUALS MUST ALSO DISCLOSE CONFLICTS OR POTENTIAL CONFLICTS IMMEDIATELY. RECORDS OF THE COMPLETED QUESTIONNAIRES ARE KEPT BY MANAGEMENT. ALL CONFLICTS OF INTEREST ARE REPORTED TO THE BOARD OF DIRECTORS, WHO MUST:

1) APPROVE, IN ADVANCE, THAT THE REPORTED RELATED PARTY TRANSACTION IS FAIR, REASONABLE AND IN THE BEST INTEREST OF THE ORGANIZATION. ANY MEMBER OF THE BOARD WITH A CONFLICT OF INTEREST DOES NOT PARTICIPATE IN, AND IS NOT PERMITTED TO BE PRESENT DURING, THE VOTING OR DELIBERATIONS.

Name of the organization LONG ISLAND HOUSING PARTNERSHIP, INC	Employer identification number 11-2889068
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2) MAKE ITS DECISION IN RELIANCE ON APPROPRIATE DATA AS TO COMPARABLE ARRANGEMENTS TO THE EXTENT THEY ARE AVAILABLE.

3) ADEQUATELY DOCUMENT ITS DECISION AND DELIBERATIONS IN THE CORPORATE RECORDS.

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

COMPENSATION PROCESS FOR TOP OFFICIAL METHODS USED BY LIHP TO ESTABLISH AND MAKE ANNUAL ADJUSTMENTS TO THE COMPENSATION (BASE SALARY AND BONUS, IF ANY) OF EXECUTIVE OFFICERS (CURRENTLY, THE PRESIDENT & CEO AND EXECUTIVE VICE PRESIDENT & COO) INCLUDE ANNUAL PERFORMANCE EVALUATIONS BY A COMPENSATION COMMITTEE, REVIEW OF 990 FORMS OF COMPARABLE ORGANIZATIONS, AND APPROVAL OF THE FULL BOARD OF DIRECTORS.

THE COMPENSATION COMMITTEE OF LIHP CONSISTS OF THE BOARD CHAIRMAN, VICE CHAIRMAN, SECRETARY, TREASURER, AND UP TO TWO ADDITIONAL INDEPENDENT BOARD MEMBERS OF LIHP. EXECUTIVE OFFICERS ARE ASKED TO COMPLETE AND SUBMIT TO THE COMPENSATION COMMITTEE A SELF-EVALUATION FORM ANNUALLY. IN ADDITION, AT LEAST TWO STAFF MEMBERS THAT WORK WITH, OR REPORT TO, THE EXECUTIVE OFFICER BEING EVALUATED, ARE ASKED TO COMPLETE AN ASSESSMENT FORM ON THE EXECUTIVE OFFICER. COMPLETED SELF-EVALUATION AND STAFF ASSESSMENT FORMS ARE SUBMITTED TO THE COMPENSATION COMMITTEE FOR REVIEW AND DISCUSSION. IN ADDITION, THE COMPENSATION COMMITTEE REVIEWS COMPENSATION FOR EXECUTIVE OFFICERS OF SIMILAR ORGANIZATIONS. THE COMPENSATION COMMITTEE MAY ALSO CONDUCT INTERVIEWS WITH THE EXECUTIVE OFFICERS. AT THE BEGINNING OF EACH YEAR, EXECUTIVE OFFICERS MUST PRESENT TO THE BOARD A COMPREHENSIVE REPORT ON PAST YEAR'S ACCOMPLISHMENTS AND COMPARISON WITH PREVIOUSLY-ESTABLISHED GOALS, AND DISCUSS ORGANIZATIONAL PROJECTIONS AND GOALS FOR THE UPCOMING YEAR. THIS COMPREHENSIVE REPORT IS DISTRIBUTED TO ALL BOARD MEMBERS FOR DISCUSSION, AND IS PREPARED AND PRESENTED PRIOR TO ANY COMPENSATION COMMITTEE DISCUSSIONS OR RECOMMENDATIONS ON CHANGES TO EXECUTIVE OFFICER COMPENSATION.

ONCE ALL EVALUATION INFORMATION IS OBTAINED AND DISCUSSED, THE COMPENSATION COMMITTEE PREPARES A FINAL COMBINED EVALUATION AND RECOMMENDATION FOR EXECUTIVE OFFICER COMPENSATION ADJUSTMENTS AND BONUSES (IF ANY), WHICH IS REVIEWED BY THE BOARD CHAIRMAN. THE BOARD CHAIRMAN SUBMITS A FINAL REPORT ON COMPENSATION COMMITTEE RECOMMENDATIONS TO THE FULL BOARD OF DIRECTORS. THE FULL BOARD OF DIRECTORS VOTES ON AND APPROVES THE FINAL ANNUAL COMPENSATION ADJUSTMENTS AND BONUSES (IF ANY) OF ALL EXECUTIVE OFFICERS. COMPENSATION PROCESS FOR OFFICERS METHODS USED BY LIHP TO ESTABLISH AND MAKE ANNUAL ADJUSTMENTS TO THE COMPENSATION (BASE SALARY AND BONUS, IF ANY) OF NON-EXECUTIVE OFFICERS (CURRENTLY, THE CHIEF FINANCIAL OFFICER) INCLUDE ANNUAL PERFORMANCE EVALUATIONS AND A REVIEW OF 990 FORMS OF COMPARABLE ORGANIZATIONS. THERE ARE NO KEY EMPLOYEES OF LIHP.

ANNUAL PERFORMANCE EVALUATIONS OF NON-EXECUTIVE OFFICERS ARE COMPLETED BY THE EXECUTIVE OFFICERS. NON-EXECUTIVE OFFICERS ARE ASKED TO COMPLETE AND SUBMIT A SELF-EVALUATION FORM TO THE EXECUTIVE OFFICERS. IN ADDITION, EXECUTIVE OFFICERS MAY INTERVIEW STAFF MEMBERS THAT WORK WITH, OR REPORT TO, THE NON-EXECUTIVE OFFICER BEING ASSESSED, OR MAY ASK SUCH STAFF MEMBERS TO COMPLETE AN ASSESSMENT FORM ON THE NON-EXECUTIVE OFFICER. COMPLETED SELF-EVALUATION FORMS AND STAFF ASSESSMENT FEEDBACK ARE UTILIZED IN EVALUATING THE NON-EXECUTIVE OFFICER'S PERFORMANCE. IN ADDITION, EXECUTIVE OFFICERS MAY RESEARCH COMPENSATION INFORMATION FROM COMPARABLE NONPROFIT ORGANIZATIONS TO ASSIST IN DETERMINING ANNUAL SALARY ADJUSTMENTS AND BONUSES (IF ANY).

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

GOVERNING DOCUMENTS DISCLOSURE EXPLANATION LONG ISLAND HOUSING PARTNERSHIP,

Name of the organization LONG ISLAND HOUSING PARTNERSHIP, INC	Employer identification number 11-2889068
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INC.'S (LIHP) CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. A CONDENSED VERSION OF THE AUDITED COMBINED FINANCIAL STATEMENTS, WITH AUDITOR'S OPINION, IS PUBLISHED IN THE ANNUAL REPORT OF LONG ISLAND HOUSING PARTNERSHIP, INC. (LIHP). ANNUAL REPORTS, AS WELL AS FULL VERSIONS OF THE MOST RECENT YEAR'S AUDITED COMBINED FINANCIAL STATEMENTS, ARE AVAILABLE ON LIHP'S WEBSITE AT WWW.LIHP.ORG.

FORM 990, PART VII - ADDITIONAL INFORMATION

EXECUTIVE AND NON-EXECUTIVE OFFICER COMPENSATION AND RELATED BENEFITS REFLECTED WITHIN PART VII OF FORM 990 HEREIN REPRESENT THE ENTIRE AMOUNT PAID TO EACH RESPECTIVE OFFICER FOR WORK DONE ON LONG ISLAND HOUSING PARTNERSHIP, INC. (LIHP) AND WORK DONE ON THE FOLLOWING RELATED ORGANIZATIONS: NASSAU-SUFFOLK PARTNERSHIP HOUSING DEVELOPMENT COMPANY, INC. (NSPHDFC), LONG ISLAND PARTNERSHIP HOUSING DEVELOPMENT COMPANY, INC. (LIPHDFC), LONG ISLAND PARTNERSHIP COMMUNITY DEVELOPMENT CORPORATION (LIPCDC), COMMUNITY DEVELOPMENT AND DISASTER RELIEF CORPORATION (CDDRC), LONG ISLAND HOUSING PARTNERSHIP COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, INC. (LIHPCDFI), AND LONG ISLAND PARTNERSHIP CLT HOUSING DEVELOPMENT FUND COMPANY, INC. (LIPCLT). OFFICER COMPENSATION AND BENEFITS ARE ONLY PAID THROUGH THE MAIN AFFILIATE ORGANIZATION, LIHP. EACH RELATED ORGANIZATION REIMBURSES LIHP FOR ITS RESPECTIVE PORTION OF COMPENSATION AND BENEFITS ON AN ANNUAL BASIS, BUT ALL COMPENSATION OR BENEFITS ARE PAID DIRECTLY BY LIHP TO ITS OFFICERS.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	494,852.
MANAGEMENT AND GENERAL EXPENSES	129,258.
FUNDRAISING EXPENSES	13,930.
TOTAL EXPENSES	638,040.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	638,040.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **LONG ISLAND HOUSING PARTNERSHIP, INC** Employer identification number **11-2889068**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
LONG ISLAND PARTNERSHIP COMMUNITY DEVELOPMENT CORPORATION - 11-3415840, 180 OSER AVENUE, SUITE 800, HAUPPAUGE, NY 11788	AFF HSG DV	NEW YORK	501(C)(3)	LINE 7	N/A		X
LONG ISLAND HOUSING PARTNERSHIP COMMUNITY DEVELOPMENT FINANCIAL INSTITUTION, 180 OSER AVENUE, SUITE 800, HAUPPAUGE, NY 11788	AFF HSG DV	NEW YORK	501(C)(3)	LINE 10	LIHP	X	
NASSAU/SUFFOLK PARTERNSHIP HOUSING DEVELOPMENT FUND COMPANY, INC. - 11-33609, 180 OSER AVENUE, SUITE 800, HAUPPAUGE, NY	AFF HSG DV	NEW YORK	501(C)(3)	LINE 7	N/A		X
LONG ISLAND PARTNERSHIP HOUSING DEVELOPMENT FUND COMPANY, INC. - 11-2911043, 180 OSER AVENUE, SUITE 800, HAUPPAUGE, NY 11788	AFF HSG DV	NEW YORK	501(C)(3)	LINE 7	N/A		X

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

Schedule R (Form 990) (Rev. 1-2025)

SEE PART VII FOR CONTINUATIONS

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LI PARTNERSHIP CLT HSNG. DEV. FUND. CO. INC.	D	546,623.	
(2) LI PARTNERSHIP CLT HSNG. DEV. FUND. CO. INC.	E	105,000.	
(3) LI PARTNERSHIP CLT HSNG. DEV. FUND. CO. INC.	O	95,965.	
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

NASSAU/SUFFOLK PARTERNSHIP HOUSING DEVELOPMENT FUND

COMPANY, INC.

EIN: 11-3360966

180 OSER AVENUE, SUITE 800

HAUPPAUGE, NY 11788