

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014**

B Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
COMMUNITY HOUSING PARTNERSHIP
Doing Business As

D Employer identification number
94-3112338

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
20 JONES STREET 200

E Telephone number
415-852-5300

City or town, state or province, country, and ZIP or foreign postal code
SAN FRANCISCO, CA 94102

G Gross receipts \$ **12,513,575.**

F Name and address of principal officer: **ALEX ARMENTA**
SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.CHP-SF.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1990** **M** State of legal domicile: **CA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: COMMUNITY HOUSING PARTNERSHIP'S MISSION IS TO HELP HOMELESS PEOPLE SECURE HOUSING AND BECOME			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	420
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		7,034,578.	8,321,763.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,417,896.	3,728,578.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		570,350.	361,654.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-136,614.	-17,676.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,886,210.	12,394,319.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	100,000.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,848,731.	7,838,018.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 259,807.	744.	129.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,772,524.	5,145,936.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,721,999.	12,984,083.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	-835,789.	-589,764.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	30,825,312.	26,804,832.
22 Net assets or fund balances. Subtract line 21 from line 20	23,058,988.	19,426,023.	
Part II Signature Block		7,766,324.	7,378,809.

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

Sign Here Signature of officer: *Alex Armenta* Date: **5/14/15**
Type or print name and title: **ALEX ARMENTA, CHIEF OPERATING OFFICER**

Paid Preparer Use Only

Print/Type preparer's name: **ERIC BARNETT** Preparer's signature: *Eric Barnett* Date: **5/14/15** Check if self-employed: PTIN: **P01433887**

Firm's name: **NOVOGRADAC & COMPANY LLP** Firm's EIN: **94-3108253**

Firm's address: **246 FIRST STREET, 5TH FLOOR SAN FRANCISCO, CA 94105** Phone no.: **415-356-8000**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No