

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)
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.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning OCT 1, 2023 and ending SEP 30, 2024

B Check if applicable: C Name of organization CHAMPLAIN HOUSING TRUST
D Employer identification number 22-2536446
E Telephone number 802-862-6244
G Gross receipts \$ 51,101,494.
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: X 501(c)(3)
J Website: HTTPS://WWW.GETAHOME.ORG/
K Form of organization: X Corporation
L Year of formation: 1984
M State of legal domicile: VT

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 CHERYL READ, CAO/CFO
Date
Paid Preparer Use Only: MICHAEL PRUELL, CPA
Date 08/15/25
Firm's name AAFCPAS, INC.
Firm's EIN 04-2571780

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: CHAMPLAIN HOUSING TRUST'S MISSION STATEMENT ASSERTS OUR PRIMARY EXEMPT PURPOSE AS FOLLOWS: CHT IS A COMMUNITY LAND TRUST THAT SUPPORTS THE PEOPLE OF NORTHWEST VERMONT AND STRENGTHENS THEIR COMMUNITIES THROUGH THE DEVELOPMENT AND STEWARDSHIP OF PERMANENTLY AFFORDABLE HOMES AND

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? [] Yes [X] 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 \$ 18,550,669. including grants of \$) (Revenue \$ 20,196,282.) THE ORGANIZATION OWNS AND MANAGES PROPERTY TO PROVIDE ACCESS TO PERMANENTLY AFFORDABLE HOUSING FOR LOW AND MODERATE INCOME HOUSEHOLDS. THE ORGANIZATION ALSO PROVIDES A WIDE RANGE OF TENANT AND RESIDENT SERVICES TO HELP ALLEVIATE HOMELESSNESS AND PROMOTE HOUSING AND FINANCIAL STABILITY.

4b (Code:) (Expenses \$ 3,492,580. including grants of \$ 1,721,729.) (Revenue \$) THE ORGANIZATION PROVIDES A SUITE OF HOMEOWNERSHIP SERVICES INCLUDING EDUCATION TO ASSIST WITH CREDIT, BUDGETING, HOME PURCHASE, AND POST-PURCHASE TOPICS; AFFORDABLE LOANS TO ASSIST WITH THE PURCHASE OR ESSENTIAL REPAIR OF HOMES; AND ACCESS TO AFFORDABLE HOME PURCHASES THROUGH ITS SIGNATURE SHARED EQUITY PROGRAM. THE ORGANIZATION ALSO PROVIDES ONGOING STEWARDSHIP OF ITS PERMANENTLY AFFORDABLE, OWNER-OCCUPIED HOME PORTFOLIO, INCLUDING FACILITATION OF HOME PURCHASES AND SALES.

4c (Code:) (Expenses \$ 3,896,180. including grants of \$) (Revenue \$) THE ORGANIZATION IS ENGAGED IN REAL ESTATE DEVELOPMENT, FOCUSED ON PROVIDING AFFORDABLE HOUSING FOR LOW AND MODERATE INCOME HOUSEHOLDS AS WELL AS NONPROFIT COMMUNITY FACILITIES.

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

4e Total program service expenses 25,939,429.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website
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
JOSH CHANT, DIRECTOR OF FINANCE - 802-862-6244
88 KING STREET, BURLINGTON, VT 05401

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) MICHAEL MONTE CEO	40.00			X			162,189.	0.	24,842.	
(2) AMELIA DEMETROWITZ CHIEF OPERATING OFFICER	40.00			X			134,986.	0.	32,671.	
(3) CHERYL READ CAO/CFO	40.00			X			122,377.	0.	31,943.	
(4) CHRISTOPHER DONNELLY DIRECTOR OF COMMUNITY RELATIONS	40.00					X	111,247.	0.	31,669.	
(5) JOSH CHANT DIRECTOR OF FINANCE	40.00					X	103,831.	0.	31,327.	
(6) MIRANDA LESCAZE DIR. OF REAL ESTATE DEVELOPMENT	40.00					X	102,728.	0.	31,333.	
(7) MICHAEL OHLER DIR. OF RESIDENT SERVICES & HOMELESSN	40.00					X	106,227.	0.	4,762.	
(8) JULIE CURTIN DIRECTOR OF HOMEOWNERSHIP	40.00					X	104,445.	0.	4,887.	
(9) JEFF SMITH PRESIDENT	5.00	X		X			0.	0.	0.	
(10) GILLIAN NANTON VICE PRESIDENT	5.00	X		X			0.	0.	0.	
(11) SARAH ROBINSON TREASURER	5.00	X		X			0.	0.	0.	
(12) NICOLE MACE VICE TREASURER	5.00	X		X			0.	0.	0.	
(13) LISA LORD SECRETARY	5.00	X		X			0.	0.	0.	
(14) HELEN HEAD DIRECTOR	5.00	X					0.	0.	0.	
(15) ISAAC OWUSU DIRECTOR	5.00	X					0.	0.	0.	
(16) ISSOUF OUATTARA DIRECTOR	5.00	X					0.	0.	0.	
(17) JOAN LENES DIRECTOR	5.00	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) KATE CAPPLEMAN SINZ DIRECTOR	5.00	X						0.	0.	0.
(19) KATHY T. LUCE DIRECTOR	5.00	X						0.	0.	0.
(20) LIZ GAMACHE DIRECTOR	5.00	X						0.	0.	0.
(21) NAIMA DENNIS DIRECTOR	5.00	X						0.	0.	0.
(22) RACHYL PHILLIPS DIRECTOR	5.00	X						0.	0.	0.
(23) REGINA MAHONY DIRECTOR	5.00	X						0.	0.	0.
1b Subtotal								948,030.	0.	193,434.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								948,030.	0.	193,434.

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 8

	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
2ND GENERATION BUILDERS, LLC, 839 SHERMAN HOLLOW ROAD, HINESBURG, VT 05461	CONSTRUCTION	1,580,351.
QUEEN CITY DEVELOPMENT GROUP, LLC. PO BOX 1285, BURLINGTON, VT 05402	CONSTRUCTION	394,634.
CHOCOLATE THUNDER PO BOX 3076, BURLINGTON, VT 05408-3076	SECURITY	278,627.
BLOCH WORKS LLC 85 HOME AVE., BURLINGTON, VT 05401	CONSTRUCTION	251,653.

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 4

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					
	c Fundraising events	1c	89,826.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,233,897.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,721,570.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 2,062,000.				
	h Total. Add lines 1a-1f		15,045,293.				
Program Service Revenue	2 a RENTAL INCOME	Business Code					
		531110	9,949,883.	9,949,883.			
	b PROPERTY MANAGEMENT AND OTHER FEE	531110	7,315,109.	7,315,109.			
	c DEVELOPER FEES	531110	849,700.	849,700.			
	d PROGRAM INTEREST INCOME	531110	532,294.	532,294.			
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		18,646,986.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		254,808.			254,808.	
	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	322,215.	15282896.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	309,371.	10277320.			
	c Gain or (loss)	7c	12,844.	5005576.			
d Net gain or (loss)		5,018,420.			5018420.		
8 a Gross income from fundraising events (not including \$ 89,826. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
b Less: direct expenses	8b	17,200.					
c Net income or (loss) from fundraising events		-17,200.			-17,200.		
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 OTHER INCOME	Business Code					
		900099	1,549,296.	1,549,296.			
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d		1,549,296.					
12 Total revenue. See instructions		40,497,603.	20196282.	0.	5256028.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	692,229.	692,229.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,029,500.	1,029,500.		
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	544,697.		544,697.	
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	9,269,053.	7,423,057.	1,697,128.	148,868.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	307,496.	241,139.	61,604.	4,753.
9 Other employee benefits	2,469,146.	1,889,028.	542,886.	37,232.
10 Payroll taxes	771,512.	571,773.	188,470.	11,269.
11 Fees for services (nonemployees):				
a Management				
b Legal	162,345.	120,287.	42,058.	
c Accounting	163,279.	59,980.	103,299.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	43,922.		43,922.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	680,999.	641,857.	32,356.	6,786.
12 Advertising and promotion	14,201.	10,506.	593.	3,102.
13 Office expenses	363,473.	149,633.	207,831.	6,009.
14 Information technology	708,266.	238,090.	460,535.	9,641.
15 Royalties				
16 Occupancy	5,463,776.	5,345,996.	102,921.	14,859.
17 Travel	224,277.	110,522.	113,755.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,197,132.	1,148,816.	48,316.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,935,762.	1,919,459.	16,303.	
23 Insurance	442,241.	390,744.	51,497.	
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 PROVISION FOR CREDIT LO	2,754,761.	2,754,761.		
b MISCELLANEOUS	749,883.	632,540.	90,621.	26,722.
c BAD DEBT	291,855.	284,055.		7,800.
d COMMUNITY BUILDING AND	190,675.	76,064.	58,920.	55,691.
e All other expenses	251,393.	209,393.	42,000.	
25 Total functional expenses. Add lines 1 through 24e	30,721,873.	25,939,429.	4,449,712.	332,732.
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	4,164,558.
	2 Savings and temporary cash investments	16,682,139.	2	5,214,035.
	3 Pledges and grants receivable, net	730,023.	3	3,456,772.
	4 Accounts receivable, net	2,173,650.	4	1,130,578.
	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	38,012,681.	7	12,147,889.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	403,548.	9	992,529.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 81,675,666.		
	b Less: accumulated depreciation	10b 15,484,050.	10c	66,191,616.
	11 Investments - publicly traded securities		11	9,576,613.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	14,005,227.	13	60,958,650.
	14 Intangible assets	5,790,358.	14	237,196.
	15 Other assets. See Part IV, line 11	33,895,447.	15	15,891,204.
16 Total assets. Add lines 1 through 15 (must equal line 33)	191,531,660.	16	179,961,640.	
Liabilities	17 Accounts payable and accrued expenses	951,710.	17	3,394,760.
	18 Grants payable		18	
	19 Deferred revenue	118,408.	19	196,581.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	41,386,430.	23	31,444,117.
	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	7,474,393.	25	17,059,443.
	26 Total liabilities. Add lines 17 through 25	49,930,941.	26	52,094,901.
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	114,872,002.	27	99,947,167.
	28 Net assets with donor restrictions	26,728,717.	28	27,919,572.
	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	141,600,719.	32	127,866,739.
	33 Total liabilities and net assets/fund balances	191,531,660.	33	179,961,640.

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	40,497,603.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,721,873.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,775,730.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	141,600,719.
5	Net unrealized gains (losses) on investments	5	1,504,826.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-5,024,992.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-19,989,544.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	127,866,739.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
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?	X	
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	X	

Form 990 (2023)

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18858415.	13090750.	30735850.	30688152.	15045293.	108418460
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	18858415.	13090750.	30735850.	30688152.	15045293.	108418460
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.						108418460

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	18858415.	13090750.	30735850.	30688152.	15045293.	108418460
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2282379.	3306586.	0.	2313090.	254,808.	8156863.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						116575323
12 Gross receipts from related activities, etc. (see instructions)					12	83,579,619.
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 2023 (line 6, column (f), divided by line 11, column (f))	14	93.00	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	97.30	%
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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>	Yes	No
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 (<i>explain in detail in Part VI</i>):		
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 - provide details in Part VI)	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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization CHAMPLAIN HOUSING TRUST Employer identification number 22-2536446

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and non-certified historic structures), and questions 3-9 regarding modifications, monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a and 1b regarding reporting of art and historical treasures, and question 2 regarding financial gain reporting.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	8,048,057.	2,050,099.	2,388,667.	2,171,701.	229,673.
b Contributions		6,000,000.			2,157,231.
c Net investment earnings, gains, and losses	1,728,556.	7,562.	-329,441.	225,971.	122,567.
d Grants or scholarships					
e Other expenditures for facilities and programs					331,043.
f Administrative expenses	200,000.	9,604.	9,127.	9,005.	6,727.
g End of year balance	9,576,613.	8,048,057.	2,050,099.	2,388,667.	2,171,701.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| (i) Unrelated organizations? | <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"/> | <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		11,848,035.		11,848,035.
b Buildings		64,177,021.	15,144,113.	49,032,908.
c Leasehold improvements				
d Equipment		1,502,063.	339,937.	1,162,126.
e Other		4,148,547.		4,148,547.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				66,191,616.

Part VII Investments - Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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) INVESTMENT IN HPN		
(2) LEVERAGE VII LLC	5,800,746.	COST
(3) INVESTMENTS IN SHARED		
(4) EQUITY PROPERTIES	47,207,542.	COST
(5) NOTES AND INTEREST		
(6) RECEIVABLE FROM		
(7) AFFILIATES	7,950,362.	COST
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))	60,958,650.	

Part IX Other Assets

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

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	218,173.
(2) RESERVES	7,294,510.
(3) TENANT SECURITY DEPOSIT	389,521.
(4) DEVELOPER FEE RECEIVABLES	700,943.
(5) RIGHT-OF-USE ASSETS - OPERATING	3,253,893.
(6) RIGHT-OF-USE ASSETS - FINANCE	4,034,164.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	15,891,204.

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) OPERATING LEASE LIABILITIES	4,352,297.
(3) FINANCE LEASE LIABILITIES	3,820,399.
(4) CONDITIONAL GRANT ADVANCES	3,312,910.
(5) CONTINGENT DEBT AND DEFERRED	
(6) INTEREST	3,463,572.
(7) NOTES PAYABLE AND ACCRUED INTEREST	
(8) - RELATED PARTIES	2,110,265.
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	17,059,443.

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
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	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

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 II, LINE 9:

CONSERVATION EASEMENT: NOT DISCLOSED.

PART V, LINE 4:

THE PURPOSE OF THE ENDOWMENT IS TO PROVIDE A LONG TERM STREAM OF INCOME AS WELL AS PROVIDE LIQUIDITY FOR OUR OPERATIONS AND PROGRAMS.

PART X, LINE 2:

THE CORPORATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE CONSOLIDATING FINANCIAL STATEMENTS REGARDING

Part XIII Supplemental Information *(continued)*

A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE CORPORATION HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE CONSOLIDATING FINANCIAL STATEMENTS AT SEPTEMBER 30, 2024. HOWEVER, THE CORPORATION'S INFORMATIONAL AND TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE APPROPRIATE TAXING JURISDICTIONS.



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))
		CORNERSTONE FUNDRAISING (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	89,826.		89,826.
	2	Less: Contributions	89,826.		89,826.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	17,200.		17,200.
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-17,200.

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			
Direct Expenses	2	Cash prizes			
	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 I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **CHAMPLAIN HOUSING TRUST** Employer identification number **22-2536446**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
12 MALLETT'S BAY AVE, LLC. 190 NORTH AVENUE, APT 1 BURLINGTON, VT 05401	92-0642436		15,000.	0.			AFFORDABLE HOUSING ASSISTANCE
26 AND 29 WEST SPRING LLC 278 NORTH STREET WINOOSKI, VT 05404	88-1685203		25,500.	0.			AFFORDABLE HOUSING ASSISTANCE
265 BOARDING HOUSE LLC PO BOX 911 ALBANS, VT 05478	87-3928076		30,000.	0.			AFFORDABLE HOUSING ASSISTANCE
365 SOUTH MAIN STREET LLC. PO BOX 276 SOUTH HERO, VT 05486	87-4568054		100,000.	0.			AFFORDABLE HOUSING ASSISTANCE
55 FAIRFIELD, LLC. PO BOX 911 ALBANS, VT 05478	87-4712712		70,000.	0.			AFFORDABLE HOUSING ASSISTANCE
BESSERY REAL ESTATE PARTNERSHIP 151 CUMBERLAND ROAD BURLINGTON, VT 05408	26-4025759		105,000.	0.			AFFORDABLE HOUSING ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 11

3 Enter total number of other organizations listed in the line 1 table 11

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOUCHARD & CO LLC 18 MARSHALL DRIVE BURLINGTON, VT 05408	87-3012520		17,500.	0.			AFFORDABLE HOUSING ASSISTANCE
JAKS PROPERTIES, LLC 478 GEORGIA MIDDLE ROAD MILTON, VT 05468	26-2440238		25,000.	0.			AFFORDABLE HOUSING ASSISTANCE
JS REAL ESTATE LLC 1819 NORTH AVENUE BURLINGTON, VT 05401	47-5662875		16,000.	0.			AFFORDABLE HOUSING ASSISTANCE
KPLP PROPERTIES LLC 71 NORTH MAIN STREET ST. ALBANS, VT 05478	04-4605191		100,000.	0.			AFFORDABLE HOUSING ASSISTANCE
ZOF LLC. PO BOX 8028 ESSEX JUNCTION, VT 05452	45-5581594		15,000.	0.			AFFORDABLE HOUSING ASSISTANCE

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CHAMPLAIN HOUSING TRUST

Employer identification number

22-2536446

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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) MICHAEL MONTE CEO	(i)	161,289.	900.	0.	6,488.	18,354.	187,031.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) AMELIA DEMETROWITZ CHIEF OPERATING OFFICER	(i)	134,086.	900.	0.	5,399.	27,272.	167,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHERYL READ CAO/CFO	(i)	121,477.	900.	0.	4,895.	27,048.	154,320.	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)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **CHAMPLAIN HOUSING TRUST** Employer identification number **22-2536446**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial	X	1	2,062,000.	FMV
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2023

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

Horizontal lines for supplemental information input.

COPY

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CHAMPLAIN HOUSING TRUST

Employer identification number

22-2536446

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

AND STRENGTHENS THEIR COMMUNITIES THROUGH THE DEVELOPMENT AND

STEWARDSHIP OF PERMANENTLY AFFORDABLE HOMES AND RELATED COMMUNITY

ASSETS.

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

RELATED COMMUNITY ASSETS.

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

THE ORGANIZATION HAS MEMBERS INCLUDING THE BOARD OF DIRECTORS.

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

THE BOARD OF DIRECTORS ARE ELECTED BY ITS MEMBERS.

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

THE BOARD OF DIRECTORS VOTE TO APPROVE GOVERNING DECISIONS. A VOTE OF THE
MEMBERSHIP IS REQUIRED FOR ANY ACTION THAT WOULD RESULT IN THE SALE OF LAND
OR CHANGE IN BY-LAWS.

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

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND SUBMITTED TO THE
BOARD OF DIRECTORS PRIOR TO SUBMISSION.

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

PER THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, OFFICERS, DIRECTORS,
AND KEY EMPLOYEES ARE REQUIRED TO SIGN A STATEMENT ANNUALLY THAT AFFIRMS

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization CHAMPLAIN HOUSING TRUST	Employer identification number 22-2536446
---	--

THAT THE PERSON HAS RECEIVED A COPY OF THE POLICY, HAS READ AND UNDERSTOOD IT, AND AGREES TO COMPLY WITH THE POLICY. EACH NEW BOARD OR COMMITTEE MEMBER IS PROVIDED A COPY OF THE POLICY PRIOR TO ELECTION AND MUST AGREE TO ABIDE BY ITS TERMS. DOCUMENTATION IS MAINTAINED BY STAFF AND THE BOARD SECRETARY.

FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION FOR ALL POSITIONS ARE ESTABLISHED BASED ON AN ANALYSIS OF COMPENSATION IN COMPARABLE ORGANIZATIONS IN THE AREA ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION HAS PUBLISHED ITS GOVERNING BYLAWS AND TAX RETURN ON ITS WEBSITE. ITS CONFLICT OF INTEREST POLICY AND MINUTES OF BOARD MEETINGS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CUMULATIVE ADJUSTMENT FROM ADOPTION OF NEW CREDIT LOSS	
STANDARD	-18,312,875.
IMPAIRMENT OF INVESTMENT IN AFFILIATES	-1,676,669.
TOTAL TO FORM 990, PART XI, LINE 9	-19,989,544.

FORM 990, PART XII, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **CHAMPLAIN HOUSING TRUST** Employer identification number **22-2536446**

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
CHT ETHAN ALLEN, LLC - 81-0716550 88 KING STREET BURLINGTON, VT 05401	AFFORDABLE HOUSING	VERMONT	100,310.	1,151,898.	CHAMPLAIN HOUSING TRUST

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
LAKE STREET HOUSING CORPORATION - 03-0357141 88 KING STREET BURLINGTON, VT 05401	AFFORDABLE HOUSING	VERMONT	501(C)(3)	LINE 10	CHAMPLAIN HOUSING TRUST		X
CHAMPLAIN HOUSING LOAN FUND, INC. - 27-1260007, 88 KING STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VERMONT	501(C)(3)	LINE 7	CHAMPLAIN HOUSING TRUST		X

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

Schedule R (Form 990) 2023

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PEARL-UNION SRO HOUSING LP - 03-0359437, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST		128,397.	494,598.		X	N/A	X		99.90%
WINCHESTER PLACE LP - 47-4440662, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-19.	197,764.		X	N/A	X		.01%
ALBURG FAMILY HOUSING LP - 27-1810828, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-5.	42,944.		X	N/A	X		.01%
BLAKE COMMONS HOUSING LP - 27-0704002, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-4.	103,868.		X	N/A	X		.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
BCLT RENTAL DEVELOPMENT INC - 03-0370736 88 KING STREET BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST	C CORP	-360,793.	2,869,311.	100%		X
LAKE CHAMPLAIN HOUSING VENTURES INC - 03-0317189, 88 KING STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST	C CORP	6,940.	0.	100%		X
LC MARKETPLACE INC - 37-1450814 88 KING STREET BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST	C CORP	1,094.	0.	100%		X
CHT SUSIE WILSON INC - 27-4025563 88 KING STREET BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST	C CORP	-11.	0.	100%		X
CHT CITY KEY INC - 45-4110211 88 KING STREET BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST	C CORP	-7.	-70.	100%		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BROOKSIDE APARTMENTS LP - 26-2985779, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-17.	240,792.		X	N/A	X		.01%
BUTLER HOUSE LP - 03-0372116 100 BANK STREET BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST		92,660.	441,672.		X	N/A	X		99.90%
CALLAHAN HOUSING LP - 20-4398566, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST		403,398.	2,644,675.		X	N/A	X		99.99%
ECHO HOUSING LP - 55-0790873 100 BANK STREET BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST		569,064.	2,930,102.		X	N/A	X		99.90%
FALLS HOUSING LP - 20-4985602 100 BANK STREET BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			29.	259,943.		X	N/A	X		.01%
GRAND ISLE HOUSING LP - 20-0492542, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST		207,986.	1,131,607.		X	N/A	X		99.99%
KING STREET HOUSING LP - 26-1648957, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST		-11.	717,514.		X	N/A	X		99.99%
MAPLE TREE HOUSING LP - 03-0368319, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST		828,569.	4,534,165.		X	N/A	X		99.90%
O'DELL ALLOCATED HOUSING LP - 03-0372629, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST		2,767,055.	14,105,975.		X	N/A	X		99.99%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PLEASANT STREET HOUSING LP - 26-3281768, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-6.	9,684.		X	N/A	X		.01%
SALMON RUN HOUSING LP - 27-0667100, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-162,615.	65,394.		X	N/A	X		.01%
SHELBURNE HOUSING LP - 13-4258897, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST		338,887.	2,080,908.		X	N/A	X		99.99%
WAUGH OPERA HOUSE LP - 20-2111174, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST		252,327.	1,028,785.		X	N/A	X		99.90%
WILLARD MILL HOUSING LP - 20-5950362, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST		379,556.	2,760,226.		X	N/A	X		99.99%
ANDERSON I HOUSING LP - 03-0366689, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST		300,590.	1,889,107.		X	N/A	X		99.90%
BUS BARNs ALLOCATED HOUSING LP - 03-0366771, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST		417,221.	2,298,192.		X	N/A	X		99.90%
LIME KILN ALLOCATED HOUSING LP - 03-0369405, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST		814,524.	3,535,504.		X	N/A	X		99.90%
PARK PLACE HOUSING LP - 03-0357097, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST		786,958.	3,640,050.		X	N/A	X		99.90%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
QUEENSBURY ROAD HOUSING LP - 03-0344879, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST		57,308.	907,297.		X	N/A	X		99.00%
RICHMOND VILLAGE HOUSING LP - 03-0355527, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST		217,805.	1,166,580.		X	N/A	X		99.90%
ROSE STREET HOUSING LP - 03-0353064, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST		48,259.	624,611.		X	N/A	X		99.00%
SWANTON SCHOOL HOUSING LP - 03-0361169, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST		349,210.	2,668,736.		X	N/A	X		99.90%
CITY NEIGHBORHOOD HOUSING LP - 45-1626357, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-7.	-35,759.		X	N/A	X		37.50%
PINE MANOR HOUSING LP - 27-0219546, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-2.	56,843.		X	N/A	X		2.50%
AVENUE APARTMENTS HOUSING LP - 80-0732720, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-7.	328,711.		X	N/A	X		.01%
HARRINGTON VILLAGE LP - 37-1714812, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-15.	213,810.		X	N/A	X		.01%
RAIL CITY FAMILY HOUSING LP - 46-3836176, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-4.	21,220.		X	N/A	X		.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ARCHIBALD STREET HOUSING LP - 03-0343452, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	CHAMPLAIN HOUSING TRUST		62,049.	914,556.		X	N/A	X		99.00%
BRIGHT STREET LIMITED PARTNERSHIP - 47-3435982, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-14.	373,098.		X	N/A	X		.01%
GREEN STREET HOUSING LP - 47-4344382, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-8.	21,915.		X	N/A	X		.01%
SOUTH MEADOW APARTMENTS LP - 38-3992483, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-18.	299,273.		X	N/A	X		.01%
LAURENTIDE HOUSING LP - 37-1870587, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-29.	926,409.		X	N/A	X		.01%
CHICKEN BONE HOUSING LP - 83-3768834, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-11.	1,064,371.		X	N/A	X		.01%
CONGRESS STREET APARTMENTS LP - 84-4015097, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-11.	546,293.		X	N/A	X		.01%
GARDEN STREET HOUSING LP - 35-2651126, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-24.	1,069,090.		X	N/A	X		.01%
FORT APARTMENTS LIMITED PARTNERSHIP - 86-2946487, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-37.	427,475.		X	N/A	X		.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
WATERSIDE APARTMENTS LP - 92-0356476, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT	COMMUNITY CAPITAL HOUSING VERMONT FUND 4		-24.	2,204,613.		X	N/A	X		.01%
ZEPHYR PLACE HOUSING LIMITED PARTNERSHIP - 87-4485753, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-13.	365,584.		X	N/A	X		.01%
CEDAR'S EDGE APARTMENTS, LP - 27-3395203, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-11.	339,401.		X	N/A	X		.01%
STUART AVENUE HOUSING LP - 87-1353005, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-13.	1,677,543.		X	N/A	X		.01%
10TH CAVALRY HOUSING LIMITED PARTNERSHIP - 87-3430591, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			-12.	2,633,961.		X	N/A	X		.01%
BAY RIDGE APARTMENTS BOND L. P. - 93-4364431, 100 BANK STREET, BURLINGTON, VT 05401	AFFORDABLE HOUSING	VT			0.	8,010,812.		X	N/A	X		.01%

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) ALLEN CANAL APARTMENTS, INC.	D	77,000.	MARKET VALUE
(2) ANDERSON I HOUSING LP	D	71,257.	MARKET VALUE
(3) BUS BARNs ALLOCATED HOUSING LP	D	1,096,548.	MARKET VALUE
(4) CALLAHAN HOUSING LP	D	190,972.	MARKET VALUE
(5) ECHO HOUSING LP	D	722,251.	MARKET VALUE
(6) GRAND ISLE HOUSING LP	D	233,549.	MARKET VALUE

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) KING STREET HOUSING LP	D	455,366.	MARKET VALUE
(8) MAPLE TREE HOUSING LP	D	163,966.	MARKET VALUE
(9) PARK PLACE HOUSING LP	D	288,715.	MARKET VALUE
(10) PEARL-UNION SRO HOUSING LP	D	431,277.	MARKET VALUE
(11) RICHMOND VILLAGE HOUSING LP	D	368,012.	MARKET VALUE
(12) WAUGH OPERA HOUSE LP	D	63,232.	MARKET VALUE
(13) BUS BARNs ALLOCATED HOUSING LP	L	51,257.	MARKET VALUE
(14) PEARL-UNION SRO HOUSING LP	L	76,443.	MARKET VALUE
(15) ARCHIBALD STREET HOUSING LP	D	51,257.	MARKET VALUE
(16) PARK PLACE HOUSING LP	D	76,443.	MARKET VALUE
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

WATERSIDE APARTMENTS LP

DIRECT CONTROLLING ENTITY: COMMUNITY CAPITAL HOUSING VERMONT FUND 4 LP



**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. CHAMPLAIN HOUSING TRUST	Taxpayer identification number (TIN) 22-2536446
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 88 KING STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BURLINGTON, VT 05401	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **JOSH CHANT, DIRECTOR OF FINANCE**
88 KING STREET - BURLINGTON, VT 05401

Telephone No. **802-862-6244** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **AUGUST 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 ____ or
 tax year beginning **OCT 1**, 20 **23**, and ending **SEP 30**, 20 **24**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.