

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 02-01-2017, and ending 01-31-2018**

**B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
NATIONAL HOUSING & REHABILITATION ASSOCIATION  
Doing business as  
Number and street (or P O box if mail is not delivered to street address) Room/suite  
1400 16TH STREET NW NO 420  
City or town, state or province, country, and ZIP or foreign postal code  
WASHINGTON, DC 200362244

**D** Employer identification number  
23-7248114

**E** Telephone number  
(202) 939-1750

**G** Gross receipts \$ 1,591,626

**F** Name and address of principal officer  
PETER H BELL  
1400 16TH STREET NW NO 420  
WASHINGTON, DC 200362244

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

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

**H(c)** Group exemption number ▶

**I** Tax-exempt status  501(c)(3)  501(c) ( 6 ) ◀ (insert no)  4947(a)(1) or  527

**J** Website: ▶ WWW HOUSINGONLINE COM

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1971

**M** State of legal domicile DC

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
EDUCATE AND PROVIDE INFO REGARDING HOUSING REHABILITATION

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets

|  |    |
|--|----|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | 96 |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | 96 |
| <b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)  | 0  |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | 99 |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | 0  |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34               | 0  |

|   | Prior Year | Current Year |
|---|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 511,088    | 519,750      |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 1,153,697  | 1,068,605    |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 482        | 3,271        |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | 0          | 0            |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 1,665,267  | 1,591,626    |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | 0          | 0            |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0          | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0          | 0            |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0          | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0                      |            |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 1,564,602  | 1,530,095    |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)          | 1,564,602  | 1,530,095    |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                               | 100,665    | 61,531       |

|   | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                            | 1,268,592                 | 1,331,529   |
| <b>21</b> Total liabilities (Part X, line 26)                       | 667,451                   | 668,857     |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20 | 601,141                   | 662,672     |

## 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 Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here**  
\*\*\*\*\*  
Signature of officer \_\_\_\_\_ Date 2018-05-21  
PETER H BELL EXECUTIVE DIRECTOR  
Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**  
Print/Type preparer's name PAUL ABBOU CPA  
Preparer's signature PAUL ABBOU CPA  
Date \_\_\_\_\_  
Check  if self-employed PTIN P00050688  
Firm's name ▶ HEIMLANTZ CPAS & ADVISORS LLC Firm's EIN ▶ 81-4895946  
Firm's address ▶ 1900 DUKE STREET SUITE 110 Phone no (703) 299-6565  
ALEXANDRIA, VA 22314

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission  
 NH&RA IS A PROFESSIONAL ASSOCIATION OF LIKE-MINDED, SUCCESSFUL AND DRIVEN INDIVIDUALS WHO ARE INVOLVED IN AFFORDABLE HOUSING, HISTORIC REHABILITATION AND NEW MARKETS TAX CREDIT DEVELOPMENT WE MEET QUARTERLY FOR SERIOUS DISCUSSIONS OF SIGNIFICANT ISSUES AFFECTING OUR BUSINESS DESIGNED TO FOSTER RELATIONSHIPS, OUR MEETINGS ARE RENOWNED FOR ITS COMBINATION OF CUTTING-EDGE INFORMATION AND OPPORTUNITIES TO NETWORK AND SOCIALIZE

**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  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  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 \$ including grants of \$ ) (Revenue \$ )  
 See Additional Data

**4b** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
 See Additional Data

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
 See Additional Data

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

**4e Total program service expenses** ▶ 574,519

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

|  | Yes | No |
|--|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>  |     | No |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>   |     | No |
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>   |     | No |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>  |     | No |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>                           |     | No |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>  |     |    |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>  |     |    |
| <b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>                                 |     | No |
| <b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i> |     | No |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>  | Yes |    |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   |     | No |
| <b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>   | Yes |    |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>  |     | No |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>  |     | No |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>  |     | No |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>  |     | No |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>  |     | No |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>  |     | No |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | No |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>  |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>  |     |    |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>   |     | No |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | Yes |    |

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 columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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 (96), 1b (96), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.







**Part VIII Statement of Revenue**

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

|  |   | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512-514 |  |
|--|---|--|--|---|--|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>                | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>  |  |   |  |  |
|  | <b>b</b> Membership dues . . . . .  | <b>1b</b>  | 519,750  |   |  |  |
|  | <b>c</b> Fundraising events . . . . .   | <b>1c</b>  |  |   |  |  |
|  | <b>d</b> Related organizations . . . . .  | <b>1d</b>  |  |   |  |  |
|  | <b>e</b> Government grants (contributions) . . . . .  | <b>1e</b>  |  |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .   | <b>1f</b>  |  |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f \$ _____   |  |  |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f . . . . .   |  | 519,750  |   |  |  |
| <b>Program Service Revenue</b>   |   | Business Code  |  |   |  |  |
|  | <b>2a</b> MEETINGS/CONFERENCES . . . . .  | 531390   | 933,448  | 933,448                                 |  |  |
|  | <b>b</b> SPONSORSHIPS . . . . .   | 531390   | 132,465  | 132,465                                 |  |  |
|  | <b>c</b> MISCELLANEOUS . . . . .  | 531390   | 2,692  | 2,692                                   |  |  |
|  | <b>d</b> _____ . . . . .  |  |  |   |  |  |
|  | <b>e</b> _____ . . . . .  |  |  |   |  |  |
|  | <b>f</b> All other program service revenue . . . . .  |  |  |   |  |  |
| <b>g Total.</b> Add lines 2a-2f . . . . .                                    |   | 1,068,605  |  |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .   |  | 3,271  |   | 3,271  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .   |  |  |   |  |  |
|  | <b>5</b> Royalties . . . . .  |  |  |   |  |  |
|  | <b>6a</b> Gross rents . . . . .   | (i) Real   |  |   |  |  |
|  |   | (ii) Personal  |  |   |  |  |
|  |   | <b>b</b> Less rental expenses . . . . .                        |  |   |  |  |
|  |   | <b>c</b> Rental income or (loss) . . . . .                     |  |   |  |  |
|  | <b>d</b> Net rental income or (loss) . . . . .  |  |  |   |  |  |
|  | <b>7a</b> Gross amount from sales of assets other than inventory . . . . .  | (i) Securities   |  |   |  |  |
|  |   | (ii) Other   |  |   |  |  |
|  |   | <b>b</b> Less cost or other basis and sales expenses . . . . . |  |   |  |  |
|  |   | <b>c</b> Gain or (loss) . . . . .                              |  |   |  |  |
|  | <b>d</b> Net gain or (loss) . . . . .   |  |  |   |  |  |
|  | <b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . | <b>a</b>   |  |   |  |  |
|  |   | <b>b</b> Less direct expenses . . . . .                        | <b>b</b>   |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . .              |   |  |  |   |  |  |
| <b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . | <b>a</b>  |  |  |   |  |  |
|  | <b>b</b> Less direct expenses . . . . .   | <b>b</b>   |  |   |  |  |
|  | <b>c</b> Net income or (loss) from gaming activities . . . . .  |  |  |   |  |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .   | <b>a</b>  |  |  |   |  |  |
|  | <b>b</b> Less cost of goods sold . . . . .  | <b>b</b>   |  |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory . . . . .   |  |  |   |  |  |
| Miscellaneous Revenue  | Business Code   |  |  |   |  |  |
| <b>11a</b> _____ . . . . .   |   |  |  |   |  |  |
| <b>b</b> _____ . . . . .   |   |  |  |   |  |  |
| <b>c</b> _____ . . . . .   |   |  |  |   |  |  |
| <b>d</b> All other revenue . . . . .   |   |  |  |   |  |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                  |   |  |  |   |  |  |
| <b>12 Total revenue.</b> See Instructions . . . . .                          |   | 1,591,626  | 1,068,605  | 0                                       | 3,271  |  |

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21   |                              |  |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22  |                              |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16  |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members   |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  |                              |  |   |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                              |  |   |                                    |
| <b>7</b> Other salaries and wages  |                              |  |   |                                    |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .   |                              |  |   |                                    |
| <b>9</b> Other employee benefits . . . . .   |                              |  |   |                                    |
| <b>10</b> Payroll taxes . . . . .  |                              |  |   |                                    |
| <b>11</b> Fees for services (non-employees)  |                              |  |   |                                    |
| <b>a</b> Management . . . . .  | 841,430                      |  | 841,430                                       |                                    |
| <b>b</b> Legal . . . . .   | 187                          |  | 187   |                                    |
| <b>c</b> Accounting . . . . .  | 4,400                        |  | 4,400   |                                    |
| <b>d</b> Lobbying . . . . .  |                              |  |   |                                    |
| <b>e</b> Professional fundraising services See Part IV, line 17  |                              |  |   |                                    |
| <b>f</b> Investment management fees . . . . .  |                              |  |   |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  |                              |  |   |                                    |
| <b>12</b> Advertising and promotion . . . . .  | 55                           |  | 55  |                                    |
| <b>13</b> Office expenses . . . . .  | 6,618                        | 1,543                                  | 5,075   |                                    |
| <b>14</b> Information technology . . . . .   | 31,273                       | 31,273                                 |   |                                    |
| <b>15</b> Royalties . . . . .  |                              |  |   |                                    |
| <b>16</b> Occupancy . . . . .  | 39,677                       |  | 39,677  |                                    |
| <b>17</b> Travel . . . . .   | 7,066                        | 272                                    | 6,794   |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .   | 472,468                      | 451,819                                | 20,649  |                                    |
| <b>20</b> Interest . . . . .   |                              |  |   |                                    |
| <b>21</b> Payments to affiliates . . . . .   |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 929                          | 929                                    |   |                                    |
| <b>23</b> Insurance . . . . .  |                              |  |   |                                    |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                      |                              |  |   |                                    |
| <b>a</b> SUSTAINING MEMBER SERVI   | 79,110                       | 79,110                                 |   |                                    |
| <b>b</b> BANK FEES   | 27,488                       |  | 27,488  |                                    |
| <b>c</b> COUNCIL EXPENSES  | 9,198                        | 9,198                                  |   |                                    |
| <b>d</b> DUES AND SUBSCRIPTIONS  | 5,262                        |  | 5,262   |                                    |
| <b>e</b> All other expenses  | 4,934                        | 375                                    | 4,559   |                                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 1,530,095                    | 574,519                                | 955,576                                       | 0                                  |
| <b>26</b> 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 IX

|   |   | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|---|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 240                      | <b>1</b>   | 240                |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 1,160,052                | <b>2</b>   | 1,218,236          |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   |                          | <b>3</b>   |                    |
|   | <b>4</b> Accounts receivable, net . . . . .   | 32,576                   | <b>4</b>   | 59,326             |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .   |                          | <b>5</b>   |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . |                          | <b>6</b>   |                    |
|   | <b>7</b> Notes and loans receivable, net . . . . .  |                          | <b>7</b>   |                    |
|   | <b>8</b> Inventories for sale or use . . . . .  |                          | <b>8</b>   |                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 55,791                   | <b>9</b>   | 34,724             |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | <b>10a</b>               |            |                    |
|   | <b>b</b> Less accumulated depreciation  | <b>10b</b>               | <b>10c</b> |                    |
|   | <b>11</b> Investments—publicly traded securities . . . . .  |                          | <b>11</b>  |                    |
|   | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .   |                          | <b>12</b>  |                    |
|   | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .  |                          | <b>13</b>  |                    |
|   | <b>14</b> Intangible assets . . . . .   | 7,832                    | <b>14</b>  | 6,902              |
|   | <b>15</b> Other assets See Part IV, line 11 . . . . .   | 12,101                   | <b>15</b>  | 12,101             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 1,268,592   | <b>16</b>                | 1,331,529  |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 225,185                  | <b>17</b>  | 129,126            |
|   | <b>18</b> Grants payable . . . . .  |                          | <b>18</b>  |                    |
|   | <b>19</b> Deferred revenue . . . . .  | 442,266                  | <b>19</b>  | 539,731            |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   |                          | <b>20</b>  |                    |
|   | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D  |                          | <b>21</b>  |                    |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .   |                          | <b>22</b>  |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  |                          | <b>23</b>  |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  |                          | <b>24</b>  |                    |
|   | <b>25</b> 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  |                          | <b>25</b>  |                    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 667,451                  | <b>26</b>  | 668,857            |
| <b>Net Assets or Fund Balances</b>  | <b>27 Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b><br>Unrestricted net assets  |                          | <b>27</b>  |                    |
|   | <b>28</b> Temporarily restricted net assets . . . . .   |                          | <b>28</b>  |                    |
|   | <b>29</b> Permanently restricted net assets   |                          | <b>29</b>  |                    |
|   | <b>30 Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b><br>Capital stock or trust principal, or current funds . . . . .  | 0                        | <b>30</b>  | 0                  |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   | 0                        | <b>31</b>  | 0                  |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds  | 601,141                  | <b>32</b>  | 662,672            |
|   | <b>33 Total net assets or fund balances . . . . .</b>   | 601,141                  | <b>33</b>  | 662,672            |
|   | <b>34 Total liabilities and net assets/fund balances . . . . .</b>  | 1,268,592                | <b>34</b>  | 1,331,529          |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |           |
|-----------|---|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .   | <b>1</b>  | 1,591,626 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) . . . . .  | <b>2</b>  | 1,530,095 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1 . . . . .   | <b>3</b>  | 61,531    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | <b>4</b>  | 601,141   |
| <b>5</b>  | Net unrealized gains (losses) on investments . . . . .  | <b>5</b>  |           |
| <b>6</b>  | Donated services and use of facilities . . . . .  | <b>6</b>  |           |
| <b>7</b>  | Investment expenses . . . . .   | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments . . . . .  | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                | <b>9</b>  | 0         |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 662,672   |

**Part XII Financial Statements and Reporting**

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

|   |           | Yes | No |
|---|-----------|-----|----|
| <p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br/>                     If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>   |           |     |    |
| <p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br/>                     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<br/> <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p> | <b>2a</b> |     | No |
| <p><b>b</b> Were the organization's financial statements audited by an independent accountant?<br/>                     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<br/> <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>                            | <b>2b</b> |     | No |
| <p><b>c</b> 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?<br/>                     If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>   | <b>2c</b> |     |    |
| <p><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>   | <b>3a</b> |     | No |
| <p><b>b</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 in Schedule O and describe any steps taken to undergo such audits</p>  | <b>3b</b> |     |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 23-7248114

**Name:** NATIONAL HOUSING & REHABILITATION  
ASSOCIATION

Form 990 (2017)

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### Form 990, Part III, Line 4a:

EDUCATING AND PROVIDING MEMBERS AND NON-MEMBERS INFORMATION PERTAINING TO HOUSING REHABILITATION MEETINGS, SEMINARS, AND FORUMS WERE HELD DURING THE YEAR WHICH WERE OPEN TO MEMBERS AS WELL AS THE PUBLIC AT WHICH STUDIES WERE DISCUSSED, GROUP DISCUSSIONS HELD, AND EXPERT SPEAKERS WERE PRESENT

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**Form 990, Part III, Line 4b:**

ON-LINE SERVICE PROVIDES ALL MEMBERS WITH UP-TO-THE-MINUTE UPDATES ON ALL IMPORTANT HOUSING AND REHABILITATION ISSUES IN ADDITION, THE SERVICE PROVIDES ALL MEMBERS A CHANCE TO GET ANSWERS TO QUESTIONS ARISING IN THE ORDINARY COURSE OF THE HOUSING AND REHABILITATION BUSINESS

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**Form 990, Part III, Line 4c:**

SUSTAINING MEMBERS ARE AN ELITE GROUP OF MEMBERS WHO ARE PROVIDED A SPECIAL SET OF BENEFITS

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| LARRY CURTIS<br>.....<br>PAST CHAIR      | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DEBRA KOEHLER<br>.....<br>PAST CHAIR     | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BERNARD HUSSER<br>.....<br>PAST CHAIR    | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JEROME BREED<br>.....<br>PAST CHAIR      | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOHN WELD PECK<br>.....<br>PAST CHAIR    | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAVID ABROMOWITZ<br>.....<br>CHAIR       | 0 00<br>.....  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| BENNETT APPLGATE<br>.....<br>PAST CHAIR  | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SHARON DWORKIN BELL<br>.....<br>DIRECTOR | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GEOFFREY BROWN<br>.....<br>TREASURER     | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| TOM CAPP<br>.....<br>DIRECTOR            | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| LINDA CARGILL<br>.....<br>PAST CHAIR     | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ALAN COHEN<br>.....<br>DIRECTOR          | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ROBERT FEIN<br>.....<br>FIRST VICE CHAIR | 0 00<br>.....  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| WENDELL FRANKLIN<br>.....<br>DIRECTOR    | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ROSS FREEMAN<br>.....<br>DIRECTOR        | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOSHUA GREENBLATT<br>.....<br>DIRECTOR   | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| RHETT HOLMES<br>.....<br>DIRECTOR        | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GARY JENNISON<br>.....<br>DIRECTOR       | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOHN KELLY<br>.....<br>PAST CHAIR        | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOHN MACKEY<br>.....<br>PAST CHAIR       | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| WILLIAM MACROSTIE<br>.....<br>DIRECTOR | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DARRICK METZ<br>.....<br>DIRECTOR      | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| RUSSELL MOHR<br>.....<br>DIRECTOR      | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| D GARRY MUNSON<br>.....<br>DIRECTOR    | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| STEPHEN NOLAN<br>.....<br>DIRECTOR     | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| R WADE NORRIS<br>.....<br>DIRECTOR     | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAVID RADERMAN<br>.....<br>DIRECTOR    | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOHN RUCKER<br>.....<br>DIRECTOR       | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MARK SCHUSTER<br>.....<br>DIRECTOR     | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JAY SEGEL<br>.....<br>DIRECTOR         | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                           | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| CHARLES SMITH<br>.....<br>DIRECTOR              | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GARY STENSON<br>.....<br>DIRECTOR               | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| WILLIAM STETSON<br>.....<br>PAST CHAIR          | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MARK SWEEN<br>.....<br>DIRECTOR                 | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| RONNE THIELEN<br>.....<br>PAST CHAIR            | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ARMAND TIBERIO<br>.....<br>DIRECTOR             | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MARIANNE VOTTA<br>.....<br>DIRECTOR             | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOSEPH WESOLOWSKI<br>.....<br>DIRECTOR          | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| WILLIAM WHITMAN<br>.....<br>DIRECTOR            | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ROGER YORKSHAITIS<br>.....<br>SECOND VICE CHAIR | 0 00<br>.....  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| CLAUDIA BRODIE<br>.....<br>DIRECTOR     | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| SHARON WILSON GENO<br>.....<br>DIRECTOR | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BASIL RALLIS<br>.....<br>DIRECTOR       | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| TIMOTHY LEONHARD<br>.....<br>DIRECTOR   | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JAMES R GILLESPIE<br>.....<br>DIRECTOR  | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOHN GAHAN<br>.....<br>DIRECTOR         | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| GREG VOYENTZIE<br>.....<br>DIRECTOR     | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PATRICK SHERIDAN<br>.....<br>DIRECTOR   | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BARRY KRINSKY<br>.....<br>DIRECTOR      | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DANIEL ROSEN<br>.....<br>DIRECTOR       | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| CRAIG S WAGNER<br>.....<br>DIRECTOR           | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| CARR HAGAN III<br>.....<br>DIRECTOR           | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HOLLY WIEDEMANN<br>.....<br>SECOND VICE CHAIR | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MILTON PRATT JR<br>.....<br>DIRECTOR          | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| J O T COUCH JR<br>.....<br>DIRECTOR           | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| FRANK M BALDASARE<br>.....<br>DIRECTOR        | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| M SCOTT ALLEN<br>.....<br>DIRECTOR            | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ORLANDO J CABRERA<br>.....<br>DIRECTOR        | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| CASH GILL<br>.....<br>DIRECTOR                | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HOLLY BRAY<br>.....<br>DIRECTOR               | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|                                      |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| MATTHEW HOLDEN<br>.....<br>DIRECTOR  | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| STEVEN PAUL<br>.....<br>DIRECTOR     | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BEVERLY BATES<br>.....<br>DIRECTOR   | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| TRACY PETERS<br>.....<br>DIRECTOR    | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| CHARLES RHUDA<br>.....<br>DIRECTOR   | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| CORINE SHERIDAN<br>.....<br>DIRECTOR | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAVID FOURNIER<br>.....<br>DIRECTOR  | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| KENAN BIGBY<br>.....<br>DIRECTOR     | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| IRA WEINSTEIN<br>.....<br>DIRECTOR   | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| ERIC POLINSKY<br>.....<br>DIRECTOR   | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| JOSH COHEN<br>.....<br>DIRECTOR              | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| CHARLES ANDERSON<br>.....<br>DIRECTOR        | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MICHAEL GARDNER<br>.....<br>DIRECTOR         | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MARSHALL E PHILLIPS<br>.....<br>DIRECTOR     | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| KYLE WOLFF<br>.....<br>DIRECTOR              | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAYNA M HUTCHINS<br>.....<br>DIRECTOR        | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DONNA LOESCH<br>.....<br>ASSISTANT/SECRETARY | 0 00<br>.....  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| AMY GLASSMAN<br>.....<br>DIRECTOR            | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MARK MOORHOUSE<br>.....<br>DIRECTOR          | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MONICA HILTON SUSSMAN<br>.....<br>DIRECTOR   | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| KRISTIN A DEKUIPER<br>.....<br>DIRECTOR    | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| J FREDERICK DAVIS III<br>.....<br>DIRECTOR | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BRYAN KELLER<br>.....<br>DIRECTOR          | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JOAN HOOVER<br>.....<br>SECRETARY          | 0 00<br>.....  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| ROGER L BROWN JR<br>.....<br>DIRECTOR      | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAVID GODSCHALK<br>.....<br>DIRECTOR       | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| RICHELLE PATTON<br>.....<br>DIRECTOR       | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| HEIDI ZIMMER<br>.....<br>DIRECTOR          | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PETE TENEYCK<br>.....<br>DIRECTOR          | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| TIMOTHY I HENKEL<br>.....<br>DIRECTOR      | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| GEORGE WEIDENFELLER<br>.....<br>DIRECTOR | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JEFFREY J WODA<br>.....<br>DIRECTOR      | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| CHRIS HITE<br>.....<br>DIRECTOR          | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| EFREM LEVY<br>.....<br>DIRECTOR          | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PATTI PARKER ADAMS<br>.....<br>DIRECTOR  | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| VICTOR SOSTAR<br>.....<br>DIRECTOR       | 0 00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**  
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C  
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B  
 ● Section 527 organizations Complete Part I-A only  
**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**  
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B  
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A  
**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**  
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

|   |  |
|---|--|
| Name of the organization<br>NATIONAL HOUSING & REHABILITATION ASSOCIATION | Employer identification number<br>23-7248114 |
|---|--|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| 1        |             |         |   |  |
| 2        |             |         |   |  |
| 3        |             |         |   |  |
| 4        |             |         |   |  |
| 5        |             |         |   |  |
| 6        |             |         |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)

| (a) Filing organization's totals | (b) Affiliated group totals |
|----------------------------------|-----------------------------|
|----------------------------------|-----------------------------|

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                |
|---|---|
| Not over \$500,000                              | 20% of the amount on line 1e                      |
| Over \$500,000 but not over \$1,000,000         | \$100,000 plus 15% of the excess over \$500,000   |
| Over \$1,000,000 but not over \$1,500,000       | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000      | \$225,000 plus 5% of the excess over \$1,500,000  |
| Over \$17,000,000                               | \$1,000,000                                       |

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |

Yes  No

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                      | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

|   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |
| <b>a</b> Volunteers?  |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     |    |        |
| <b>c</b> Media advertisements?  |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public?   |     |    |        |
| <b>e</b> Publications, or published or broadcast statements?  |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  |     |    |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     |    |        |
| <b>i</b> Other activities?  |     |    |        |
| <b>j</b> Total Add lines 1c through 1i  |     |    |        |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     |    |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                      | <b>1</b> | No |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | <b>2</b> | No |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? | <b>3</b> | No |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|   |           |         |
|---|-----------|---------|
| <b>1</b> Dues, assessments and similar amounts from members   | <b>1</b>  | 519,750 |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |         |
| <b>a</b> Current year   | <b>2a</b> |         |
| <b>b</b> Carryover from last year   | <b>2b</b> |         |
| <b>c</b> Total  | <b>2c</b> |         |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  |         |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | <b>4</b>  |         |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   | <b>5</b>  |         |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
 ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

|   |  |
|---|--|
| Name of the organization<br>NATIONAL HOUSING & REHABILITATION ASSOCIATION | Employer identification number<br>23-7248114 |
|---|--|

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|---|---------------------------------|---|--------------------------------|----------------|----|
|   |                                 |   |                                | Yes            | No |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| Total                         |                                    |                     |                                       |      |                               | ▶               | \$              |    |                                     |    |                        |    |

**Part III Grants or Assistance Benefiting Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization     | (c) Amount of transaction | (d) Description of transaction                                 | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--|---|----|
|                               |   |                           |  | Yes                                     | No |
| (1) DWORBELL INC              | DWORBELL, INC IS OWNED 100% BY PETER BELL, PRESIDENT & CEO OF NH&RA | 929,385                   | DWORBELL, INC PROVIDES MANAGEMENT SERVICES TO THE ORGANIZATION |   | No |
|                               |   |                           |  |   |    |
|                               |   |                           |  |   |    |
|                               |   |                           |  |   |    |
|                               |   |                           |  |   |    |
|                               |   |                           |  |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NATIONAL HOUSING & REHABILITATION  
ASSOCIATION

Employer identification number

23-7248114

**990 Schedule O, Supplemental Information**

| Return Reference                     | Explanation  |
|--------------------------------------|--|
| FORM 990, PART VI, SECTION A, LINE 2 | PETER BELL, THE PRESIDENT & CEO OF THE ASSOCIATION IS THE SPOUSE OF SHARON DWORKIN BELL, A DIRECTOR OF THE ASSOCIATION |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                       | <b>Explanation</b>                                    |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 3 | NH&RA RECEIVES MANAGEMENT SERVICES FROM DWORBELL, INC |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                         | <b>Explanation</b>                                     |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 11B | FORM 990 IS REVIEWED BY MANAGEMENT OF THE ORGANIZATION |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b> |
|--|--------------------|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | UPON REQUEST       |