

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

OMB No 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 02-01-2019, and ending 01-31-2020

- 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 \$ 1,734,886

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?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status
501(c)(3)
501(c)(6)
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

Table with 2 columns: Description, Amount. Rows include: 2 Check this box, 3 Number of voting members (79), 4 Number of independent voting members (79), 5 Total number of individuals employed (0), 6 Total number of volunteers (83), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 4 columns: Description, Prior Year, Current Year, Net Assets or Fund Balances. Rows include: 8 Contributions and grants (517,000 / 483,025), 9 Program service revenue (1,126,124 / 1,234,436), 10 Investment income (7,158 / 17,425), 11 Other revenue (0 / 0), 12 Total revenue (1,650,282 / 1,734,886), 13 Grants and similar amounts paid (0 / 0), 14 Benefits paid (0 / 0), 15 Salaries, other compensation (0 / 0), 16a Professional fundraising fees (0 / 0), 17 Other expenses (1,625,046 / 1,686,777), 18 Total expenses (1,625,046 / 1,686,777), 19 Revenue less expenses (25,236 / 48,109), 20 Total assets (1,404,176 / 1,419,664), 21 Total liabilities (716,268 / 683,644), 22 Net assets or fund balances (687,908 / 736,020).

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: 2020-06-04
PETER H BELL EXECUTIVE DIRECTOR
Type or print name and title

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

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 ▶ 653,247

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

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 ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding IRS filings and gaming winnings.

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

Table with 16 main rows (2a-16) and sub-rows (a-e). Columns include question text, a box for numerical answers (e.g., 2a, 7d, 10a, 11a, 12b, 13b, 13c), and a column for 'Yes/No' responses. Row 2a: 'Enter the number of employees reported on Form W-3...'. Row 2b: 'If at least one is reported on line 2a, did the organization file all required federal employment tax returns?'. Row 3a: 'Did the organization have unrelated business gross income of \$1,000 or more during the year?'. Row 3b: 'If "Yes," has it filed a Form 990-T for this year?'. Row 4a: 'At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country...'. Row 4b: 'If "Yes," enter the name of the foreign country'. Row 5a: 'Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?'. Row 5b: 'Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?'. Row 5c: 'If "Yes," to line 5a or 5b, did the organization file Form 8886-T?'. Row 6a: 'Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?'. Row 6b: 'If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?'. Row 7: 'Organizations that may receive deductible contributions under section 170(c)'. Row 7a: 'Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?'. Row 7b: 'If "Yes," did the organization notify the donor of the value of the goods or services provided?'. Row 7c: 'Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?'. Row 7d: 'If "Yes," indicate the number of Forms 8282 filed during the year'. Row 7e: 'Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?'. Row 7f: 'Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?'. Row 7g: 'If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?'. Row 7h: 'If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?'. Row 8: 'Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?'. Row 9: 'Sponsoring organizations maintaining donor advised funds'. Row 9a: 'Did the sponsoring organization make any taxable distributions under section 4966?'. Row 9b: 'Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?'. Row 10: 'Section 501(c)(7) organizations. Enter'. Row 10a: 'Initiation fees and capital contributions included on Part VIII, line 12'. Row 10b: 'Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities'. Row 11: 'Section 501(c)(12) organizations. Enter'. Row 11a: 'Gross income from members or shareholders'. Row 11b: 'Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)'. Row 12a: 'Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?'. Row 12b: 'If "Yes," enter the amount of tax-exempt interest received or accrued during the year'. Row 13: 'Section 501(c)(29) qualified nonprofit health insurance issuers'. Row 13a: 'Is the organization licensed to issue qualified health plans in more than one state?'. Row 13b: 'Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans'. Row 13c: 'Enter the amount of reserves on hand'. Row 14a: 'Did the organization receive any payments for indoor tanning services during the tax year?'. Row 14b: 'If "Yes," has it filed a Form 720 to report these payments?'. Row 15: 'Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?'. Row 16: 'Is the organization an educational institution subject to the section 4968 excise tax on net investment income?'. Each row includes a 'Yes/No' column.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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 Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in 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: DWORBELL INC 1400 16TH STREET NW SUITE 420 WASHINGTON, DC 200362244 (202) 939-1740

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, etc., and 1h Total.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 2a-2f for meetings, sponsorships, etc., and 2g Total.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 3-11 for investment income, rents, sales of assets, fundraising events, gaming activities, and inventory sales, and 12 Total revenue.

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management	820,110		820,110	
b Legal	495		495	
c Accounting	4,700		4,700	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	11		11	
13 Office expenses	14,829	4,602	10,227	
14 Information technology	22,284	22,284		
15 Royalties				
16 Occupancy	106,484		106,484	
17 Travel	17,305	5,587	11,718	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	533,408	496,020	37,388	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	929	929		
23 Insurance				
24 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.)				
a SUSTAINING MEMBER SERVI	78,600	78,600		
b RESEARCH & ECONOMICS	40,000	40,000		
c BANK FEES	31,976	300	31,676	
d PARKING	4,952		4,952	
e All other expenses	10,694	4,925	5,769	
25 Total functional expenses. Add lines 1 through 24e	1,686,777	653,247	1,033,530	0
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	240	1	240
	2 Savings and temporary cash investments	1,169,694	2	1,269,637
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	50,681	4	72,287
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	165,486	9	60,354
	10a Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments—publicly traded securities		11	
	12 Investments—other securities—See Part IV, line 11		12	
	13 Investments—program-related—See Part IV, line 11		13	
	14 Intangible assets	5,974	14	5,045
	15 Other assets—See Part IV, line 11	12,101	15	12,101
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,404,176	16	1,419,664	
Liabilities	17 Accounts payable and accrued expenses	110,180	17	63,464
	18 Grants payable		18	
	19 Deferred revenue	606,088	19	620,180
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)—Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	716,268	26	683,644
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	687,908	31	736,020
32 Total net assets or fund balances	687,908	32	736,020	
33 Total liabilities and net assets/fund balances	1,404,176	33	1,419,664	

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	1,734,886
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,686,777
3	Revenue less expenses Subtract line 2 from line 1	3	48,109
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	687,908
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	736,020

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?
- 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

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

Additional Data

Software ID:

Software Version:

EIN: 23-7248114

Name: NATIONAL HOUSING & REHABILITATION
ASSOCIATION

Form 990 (2019)

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

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

Form 990, Part III, Line 4c:

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
LARRY CURTIS PAST CHAIR	0 00	X						0	0	0
DEBRA KOEHLER PAST CHAIR	0 00	X						0	0	0
BERNARD HUSSER PAST CHAIR	0 00	X						0	0	0
JEROME BREED PAST CHAIR	0 00	X						0	0	0
DAVID ABROMOWITZ PAST CHAIR	0 00	X						0	0	0
BENNETT APPLGATE PAST CHAIR	0 00	X						0	0	0
SHARON DWORKIN BELL DIRECTOR	0 00	X						0	0	0
TOM CAPP DIRECTOR	0 00	X						0	0	0
ALAN COHEN DIRECTOR	0 00	X						0	0	0
ROBERT FEIN LAST CHAIR	0 00	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
WENDELL FRANKLIN DIRECTOR	0 00	X						0	0	0
JOSHUA GREENBLATT DIRECTOR	0 00	X						0	0	0
RHETT HOLMES DIRECTOR	0 00	X						0	0	0
GARY JENNISON DIRECTOR	0 00	X						0	0	0
JOHN KELLY PAST CHAIR	0 00	X						0	0	0
JOHN MACKEY PAST CHAIR	0 00	X						0	0	0
WILLIAM MACROSTIE DIRECTOR	0 00	X						0	0	0
DARRICK METZ DIRECTOR	0 00	X						0	0	0
RUSSELL MOHR DIRECTOR	0 00	X						0	0	0
D GARRY MUNSON DIRECTOR	0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
STEPHEN NOLAN DIRECTOR	0 00	X						0	0	0
R WADE NORRIS DIRECTOR	0 00	X						0	0	0
DAVID RADERMAN DIRECTOR	0 00	X						0	0	0
JOHN RUCKER DIRECTOR	0 00	X						0	0	0
MARK SCHUSTER DIRECTOR	0 00	X						0	0	0
JAY SEGEL DIRECTOR	0 00	X						0	0	0
GARY STENSON DIRECTOR	0 00	X						0	0	0
WILLIAM STETSON PAST CHAIR	0 00	X						0	0	0
MARK SWEEN DIRECTOR	0 00	X						0	0	0
RONNE THIELEN PAST CHAIR	0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
ARMAND TIBERIO DIRECTOR	0 00	X						0	0	0
JOSEPH WESOLOWSKI DIRECTOR	0 00	X						0	0	0
WILLIAM WHITMAN DIRECTOR	0 00	X						0	0	0
ROGER YORKSHAITIS DIRECTOR	0 00	X						0	0	0
CLAUDIA BRODIE DIRECTOR	0 00	X						0	0	0
SHARON WILSON GENO SECRETARY	0 00	X		X				0	0	0
BASIL RALLIS DIRECTOR	0 00	X						0	0	0
TIMOTHY LEONHARD DIRECTOR	0 00	X						0	0	0
JAMES R GILLESPIE DIRECTOR	0 00	X						0	0	0
JOHN GAHAN DIRECTOR	0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
BARRY KRINSKY DIRECTOR	0 00	X						0	0	0
DANIEL ROSEN DIRECTOR	0 00	X						0	0	0
CRAIG S WAGNER DIRECTOR	0 00	X						0	0	0
HOLLY WIEDEMANN CHAIR	0 00	X		X				0	0	0
J O T COUCH JR DIRECTOR	0 00	X						0	0	0
ORLANDO J CABRERA DIRECTOR	0 00	X						0	0	0
HOLLY BRAY DIRECTOR	0 00	X						0	0	0
MATTHEW HOLDEN DIRECTOR	0 00	X						0	0	0
STEVEN PAUL DIRECTOR	0 00	X						0	0	0
TRACY PETERS DIRECTOR	0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
CHARLES RHUDA DIRECTOR	0 00	X						0	0	0
CORINE SHERIDAN DIRECTOR	0 00	X						0	0	0
KENAN BIGBY DIRECTOR	0 00	X						0	0	0
IRA WEINSTEIN DIRECTOR	0 00	X						0	0	0
JOSH COHEN DIRECTOR	0 00	X						0	0	0
CHARLES ANDERSON DIRECTOR	0 00	X						0	0	0
MARSHALL E PHILLIPS DIRECTOR	0 00	X						0	0	0
KYLE WOLFF DIRECTOR	0 00	X						0	0	0
DAYNA M HUTCHINS DIRECTOR	0 00	X						0	0	0
AMY GLASSMAN DIRECTOR	0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
MONICA HILTON SUSSMAN DIRECTOR	0 00	X						0	0	0
KRISTIN A DEKUIPER DIRECTOR	0 00	X						0	0	0
BRYAN KELLER DIRECTOR	0 00	X						0	0	0
JOAN HOOVER VICE CHAIR 2	0 00	X		X				0	0	0
ROGER L BROWN JR DIRECTOR	0 00	X						0	0	0
RICHELLE PATTON DIRECTOR	0 00	X						0	0	0
HEIDI ZIMMER DIRECTOR	0 00	X						0	0	0
PETE TENEYCK DIRECTOR	0 00	X						0	0	0
TIMOTHY I HENKEL DIRECTOR	0 00	X						0	0	0
GEORGE WEIDENFELLER DIRECTOR	0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
JEFFREY J WODA DIRECTOR	0 00	X						0	0	0
CHRIS HITE DIRECTOR	0 00	X						0	0	0
EFREM LEVY DIRECTOR	0 00	X						0	0	0
VICTOR SOSTAR DIRECTOR	0 00	X						0	0	0
LAURA BURNS DIRECTOR	0 00	X						0	0	0
WILL ECKSTEIN DIRECTOR	0 00	X						0	0	0
ALYSSE HOLLIS DIRECTOR	0 00	X						0	0	0
ALLISON KUNIS DIRECTOR	0 00	X						0	0	0
MARK MCDANIEL DIRECTOR	0 00	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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

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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 NATIONAL HOUSING & REHABILITATION ASSOCIATION	Employer identification number 23-7248114
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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-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
1 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			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	No
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	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."

1 Dues, assessments and similar amounts from members	1	483,025
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 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?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

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
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

Name of the organization NATIONAL HOUSING & REHABILITATION ASSOCIATION

Employer identification number

23-7248114

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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

Table with 5 columns: (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 the 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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (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, CEO OF NH&RA	909,959	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**

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.

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

2019
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Department of the Treasury

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 CEO OF THE ASSOCIATION IS THE SPOUSE OF SHARON DWORKIN BELL, A DIRECTOR OF THE ASSOCIATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	NH&RA RECEIVES MANAGEMENT SERVICES FROM DWORBELL, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED BY MANAGEMENT OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	ROUNDING 3