DLN: 93493161006160 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 02-01-2019 , and ending 01-31-2020 C Name of organization D Employer identification number B Check if applicable NATIONAL HOUSING & REHABILITATION □ Address change ASSOCIATION 23-7248114 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 1400 16TH STREET NW NO 420 ☐ Amended return ☐ Application pending (202) 939-1750 City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC $\,$ 200362244 $\,$ G Gross receipts \$ 1,734,886 Name and address of principal officer H(a) Is this a group return for PETER H BELL ☐Yes **☑**No subordinates? 1400 16TH STREET NW NO 420 H(b) Are all subordinates WASHINGTON, DC 200362244 ☐Yes ☐No ıncluded? 501(c)(3) **✓** 501(c) (6) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW HOUSINGONLINE COM L Year of formation 1971 M State of legal domicile DC **K** Form of organization \square Corporation \square Trust ewline <math>
ewline
olimits Association ewline
olimits Other Summary 1 Briefly describe the organization's mission or most significant activities EDUCATE AND PROVIDE INFO REGARDING HOUSING REHABILITATION Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 79 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0 **6** Total number of volunteers (estimate if necessary) 6 83 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 39 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 517,000 483,025 Ravenua 1,234,436 9 Program service revenue (Part VIII, line 2g) . 1,126,124 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 7,158 17,425 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,650,282 1,734,886 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 1,625,046 1,686,777 1,625,046 1,686,777 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 25,236 48,109 Net Assets or Fund Balances Beginning of Current Year **End of Year** 1,404,176 1,419,664 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 716,268 683,644 22 Net assets or fund balances Subtract line 21 from line 20 . 687,908 736,020 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 2020-06-04 Signature of officer Sign Here PETER H BELL EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf P00050688 Paid self-employed Firm's name

HEIMLANTZ CPAS & ADVISORS LLC Firm's EIN ► 81-4895946 Preparer Use Only Firm's address ▶ 1900 DUKE STREET Phone no (703) 299-6565 ALEXANDRIA, VA 22314 ✓ Yes □ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2019)

Form	990 (2019)				Page 2
Pa	Statement	of Program Service Ac	complishments		
		•	r note to any line in this Part III .		🗹
1	,	organization's mission			
HOU SIGN	SING, HISTORIC REHA IIFICANT ISSUES AFFE	BILITATION AND NEW MARK	ETS TAX CREDIT DEVELOPMENT	INDIVIDUALS WHO ARE INVOLVE WE MEET QUARTERLY FOR SERIO PS, OUR MEETINGS ARE RENOWNE	US DISCUSSIONS OF
2	Did the organization	undertake any significant pro	ogram services during the year wh	nich were not listed on	
	'	r 990-EZ?			☐ Yes ☑ No
3	•		o Ignificant changes in how it condu	icto any program	
3	services?	<u>-</u> ,	ignificant changes in now it condu	icts, any program	☐ Yes ☑ No
		ese changes on Schedule O			Lifes Linu
4	Section 501(c)(3) an		e required to report the amount o	largest program services, as meas f grants and allocations to others,	
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 servi	ces (Describe in Schedule O)		
	/ -	including	grants of \$) (Revenue \$	1
	(Expenses \$	melaanig	grants or p) (Revenue »)

12a

12b

13

14a

14b

15

16

17

18

19

20a

20b

21

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

No

Form **990** (2019)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete No 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Nο Νo Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 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? If "Yes," complete Schedule C, Part III 🛸 . . 5 Yes 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? If "Yes," complete No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Nο the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," No

- 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 Nο 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, No
- permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 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
- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Nο 11a
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e
- 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)? If "Yes," complete Schedule D, Part X 11f Nο
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

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

Was the organization included in consolidated, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	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? If "Yes," complete Schedule I, Parts I and III	22		No
23	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>	23		No
24a	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? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or 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? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
Ь	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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
37	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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u>Ш</u>
			Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

0 0

1c

Yes

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	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 (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	4a	No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	•		
	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?	7a	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
	If "Yes," indicate the number of Forms 8282 filed during the year		li li
		7e 7f	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	/	
_	required?	7g	
"	1098-C?	7h	
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?	8	
9	Sponsoring organizations maintaining donor advised funds.		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
	Initiation fees and capital contributions included on Part VIII, line 12 10a		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter		
	Gross income from members or shareholders		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	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		
	Enter the amount of reserves on hand	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	140
	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?	15	No
16	If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	No
	If "Yes," complete Form 4720, Schedule O		

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to	lines
Se	ction A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year 1a 79		Yes	No
Id	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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?	2	Yes	
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?	3	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	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?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
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	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
_			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
.4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	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?	16b		
Sec	ction C. Disclosure	_		
.7	List the states with which a copy of this Form 990 is required to be filed▶			
8	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)			
	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			

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Part VII	Compensation of Officer and Independent Contra	•	Truste	es,	Key	E n	nploy	ees	, Highest Comp	ensated Employ	yees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	thıs	Part VI	١.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees,	, an	ıd F	lighe	st C	Compensated En	nployees	
year ● Lıst all	e this table for all persons require of the organization's current of	icers, directors,	· , trustee	es (wh	neth	er ır	ndıvıdu		, -		-
	ation Enter -0- in columns (D), (of the organization's current key	,, , ,						finit	ion of "Ivoy omnlovo	0.11	
• List the who receive	organization's current high d reportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	her t	than ar	n off	icer, director, truste	e or key employee))
	of the organization's former office e compensation from the organiz						pensat	ed e	employees who rece	ived more than \$10	00,000
	of the organization's former dire i, more than \$10,000 of reportab										e
See instruct	ions for the order in which to list	the persons ab	ove								
☑ Check t	his box if neither the organizatio	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and title	(B) Average hours per week (list any hours	Position than o	on (do one bo	(C) o no ox, u n of) t cho unles ficer	eck moss pers	ore son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
See Addition	al Data Table										

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee										
(A) Name and title	(B) Average hours per week (list any hours	than o	(C) sition (do not check more an one box, unless person is both an officer and a director/trustee)				on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	indradual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee		(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										
									_	
	-									Form 990 (2019)

	Total from continuation sheets to Part VII, Section A	0		0
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 0			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			

	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ction B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confrom the organization. Report compensation for the calendar year ending with or within the organization's tax year.	mpen	sation	
	(-)			

		l			.,,			
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or ind							
	services rendered to the organization? If "Yes," complete Schedule J for such person		5		No			
Section B. Independent Contractors								
1	. Complete this table for your five highest compensated independent contractors that received more than \$100,000 of com from the organization. Report compensation for the calendar year ending with or within the organization's tax year							
	(A)	/D)		- 10	٠,			

	services rendered to the organization? If "Yes," complete Schedule J for such person		5	No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the		npensa	ation
	(A)	(B)		(C)
	Name and business address	Description of services		Compensation
DWC	PRBELL INC	MANAGEMENT		909,959
1 400	A CTU CT NW CUTTE 420			

from the organization Report compensation for the calendar year ending	g with or within the organization's tax year	
(A) Name and business address	(B) Description of services	(C) Compensation
DWORBELL INC	MANAGEMENT	909,959
1400 16TH ST NW SUITE 420 WASHINGTON, DC 20036		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 1

Form 990 (2019)

orm 9 Part		(2019) Statement	of Revenue						Page 9
				a respo	onse or note to any	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from
							function revenue	revenue	tax under sections 512 - 514
ats nts	1a	Federated campaMembership dues	=	1a	483,025				
Srar nou	ָ֡֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֡֓֡	c Fundraising even		1b 1c	403,023				
ts, (r An		d Related organiza		1d					
Gif Jilal	6	e Government grants	(contributions)	1e					
ons, Sin	f	F All other contribution and similar amounts							
outi her		above Noncash contribution		1f	<u> </u>				
Contributions, Gifts, Grants and Other Similar Amounts	'	lines 1a - 1f \$	monaded m	1 g					
Co	١	h Total. Add lines	1a-1f	•	•	483,025			
					Business Code	1,000,000	1,096,902		
ı,	2a	MEETINGS/CONFERE	NCES		531390	1,096,902	1,096,902		
venu	ь	SPONSORSHIPS			531390	130,575	130,575		
Program Service Revenue	c	MISCELLANEOUS			F31300	6,459	6,459		+
rvice					531390	500	500		
- % -	d	CONSULTING INCOM	E		531390	300	300		
gran	e								
Ą.	_								
		All other program Total. Add lines 2			1,234,436				
		Investment income				1			
	s	similar amounts) .		•	,	17,425	5		17,425
		Income from invest Royalties	tment of tax-ex		ond proceeds	-			
		,	(ı) Re		(II) Personal				
	6a	Gross rents	6a						
		Less rental							
	•	expenses Rental income	6Ь						
		or (loss)	6c						
	d	Net rental income			(u) Other				
	7a	Gross amount	(ı) Secu	rities	(II) Other	_			
		from sales of assets other	7a						
	h	than inventory Less cost or							
		other basis and sales expenses	7b						
	r	Gain or (loss)	7c						
		Net gain or (loss)			· · · •	-			
<u>a</u>	8a	Gross income from fu (not including \$	undraising events of						
enn		contributions reported See Part IV, line 18	d on line 1c)						
Rev	b	Less direct expen		8a 8b		_			
Other Revenue		: Net income or (los			ents 🕨				
	0 2	Gross income from	gaming activities						
	Ja	See Part IV, line 19		9a					
		Less direct expen		9b					
	С	: Net income or (los	ss) from gaming	activit	les >	1			
	10a	aGross sales of inve returns and allowa							
	b	Less cost of good		10a 10b		_			
		: Net income or (los							
		Miscellaneo	us Revenue		Business Code				
	11	a							
	b	,							
	c	:							+
		All other revenue							
		Total. Add lines 1			•				
	12	Total revenue. S	ee instructions	• •		1,734,886	1,234,436	i	0 17,425
									Form 990 (2019)

о. Б	Statement of Europianal Evacuacy				rage 10
۲	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	complete all columns	All other organizatio	ns must complete colu	mn (A)
	Check if Schedule O contains a response or note to ar		=		
	not include amounts reported on lines 6b, 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)				
ā	a Management	820,110		820,110	
ŀ	Legal	495		495	
	c Accounting	4,700		4,700	
	d Lobbying	·		·	
	e Professional fundraising services See Part IV, line 17				
	Investment management fees			<u> </u>	
	Threstment management rees				
	(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		
	Royalties				
	Occupancy	106,484		106,484	
	Travel	17,305	5,587	11,718	
	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	
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	929	929		
	Insurance				
	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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Assets

11

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Liabilities 22

Fund Balances

ō 29

Assets

Notes and loans receivable, net . . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment cost or other

Investments-publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

or family member of any of these persons

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Inventories for sale or use .

b Less accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Check if Schedule O contains a response or note to any line in this Part IX											
	В	Begin	(A ning	.) ;	/ear				Е	(E nd o	3) f ye
Cash-non-interest-bearing						240	1				

Page **11**

240 1,269,637

72,287

60,354

5,045

12,101

63,464

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683.644

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1,419,664

Form 990 (2019)

1,419,664

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687.908

687,908

1,404,176

165,486

5,974

12,101

1,404,176

110,180

606.088

716.268

1	Cash–non-interest-bearing	240	1	
2	Savings and temporary cash investments	1,169,694	2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	50,681	4	
5	Loans and other navables to any current or former officer, director, trustee			

10a

10b

2	Savings and temporary cash investments	
3	Pledges and grants receivable, net	
4	Accounts receivable, net	
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	
6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), and persons described in section $4958(c)(3)(B)$.	

Form	990 (2019)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	<u> </u>
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			,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
_	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
	t XII Financial Statements and Reporting	10			730,020
га					П
	Check if Schedule O contains a response or note to any line in this Part XII	• •	•	Yes	No
				163	100
1	Accounting method used to prepare the Form 990				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
Ь	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ 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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
_				ļ	1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sii Audit Act and OMB Circular A-133?	ngle	3a		No

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

Form **990** (2019)

3b

Additional Data

Software ID:

Software Version:

ASSOCIATION

Form 990, Part III, Line 4a:

SPEAKERS WERE PRESENT

Form 990 (2019)

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

EIN: 23-7248114 Name: NATIONAL HOUSING & REHABILITATION 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.

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	ally flours	l allu	a uii	ecto	ון עו	ustee	,	Organization	organizations	I monitule .	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
LARRY CURTIS PAST CHAIR	0 00	×						0	0	0	
DEBRA KOEHLER PAST CHAIR	0 00	×						0	0	o	
BERNARD HUSSER PAST CHAIR	0 00	×						0	0	0	
JEROME BREED	0 00	×						0	0	0	

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BERNARD HUSSER	0 00	v			
PAST CHAIR		<			
JEROME BREED	0 00	V			
PAST CHAIR		^			
DAVID ABROMOWITZ	0 00				

and Independent Contractors

PAST CHAIR

PAST CHAIR

DIRECTOR

TOM CAPP

DIRECTOR

DIRECTOR

ALAN COHEN

ROBERT FEIN

LAST CHAIR

BENNETT APPLEGATE

SHARON DWORKIN BELL

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

any hours		a dır	ecto)	organization	organizations	from the	
organizations	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
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	for related organizations below dotted line) 0 00 0 00 0 00 0 00	for related organizations below dotted line) O 00 X O 00 X O 00 X	for related organizations below dotted line) O 00	for related organizations below dotted line) Institutional Trustee Institutional Trustee	for related organizations below dotted line) Officer Institutional Trustee or director x 0 00 x 0 00 x 0 00 x	For related organizations below dotted line) Institutional Trustee or director x x 000 000 x x 000 000	for related organizations below dotted line) Institutional Trustee Officer Officer Institutional Trustee X X Officer Officer Officer New employee X X Officer Officer New employee X X Officer Officer New employee X X Officer Officer Officer Officer Officer New employee X X Officer Offic	for related organizations below dotted line) Officer Officer Officer O 000 X X 0 000 0	for related organizations below dotted line) Officer Officer Officer X Officer X Officer X Officer Officer X Officer Officer	

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KIILII HOLIILS
DIRECTOR
GARY JENNISON
DIRECTOR
JOHN KELLY

PAST CHAIR

PAST CHAIR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DARRICK METZ

RUSSELL MOHR

D GARRY MUNSON

JOHN MACKEY

WILLIAM MACROSTIE

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) organization organizations from the

	any hours					ustee)		organization	organizations	from the organization and related organizations	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)		
STEPHEN NOLAN DIRECTOR	0 00	×						0	0	0	
R WADE NORRIS DIRECTOR	0 00	×						0	0	0	
DAVID RADERMAN DIRECTOR	0 00	х						0	0	0	
JOHN RUCKER DIRECTOR	0 00	×						0	0	0	
MARK SCHUSTER	0 00										

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MARK SCHUSTER DIRECTOR

JAY SEGEL

DIRECTOR

DIRECTOR

PAST CHAIR

MARK SWEEN

RONNE THIELEN

DIRECTOR

PAST CHAIR

GARY STENSON

WILLIAM STETSON

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours from the

organization

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

	1,				, ,	(1)	(1)	organization and			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	related organizations	
ARMAND TIBERIO DIRECTOR	0 00	×						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	0 00	×			Г			0	0	0	

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DIRECTOR
ROGER YORKSHAITIS
DIRECTOR
CLAUDIA BRODIE

DIRECTOR

SECRETARY

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

JOHN GAHAN

BASIL RALLIS

SHARON WILSON GENO

TIMOTHY LEONHARD

JAMES R GILLESPIE

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

and Independent Contractors

DIRECTOR

DIRECTOR

HOLLY BRAY

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

STEVEN PAUL

TRACY PETERS

ORLANDO J CABRERA

MATTHEW HOLDEN

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	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations	
BARRY KRINSKY DIRECTOR	0 00	x						0	0	0	
DANIEL ROSEN DIRECTOR	0 00	×						0	0	0	
CRAIG S WAGNER DIRECTOR	0 00	×						0	0	0	
HOLLY WIEDEMANN	0 00										

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DIRECTOR						
CRAIG S WAGNER	0 00				0	
DIRECTOR						
HOLLY WIEDEMANN	0 00	l	Y		0	
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	any hours	1		recto		ustee))	organization	organizations	from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
CHARLES RHUDA DIRECTOR	0 00	×						0	0	0	
CORINE SHERIDAN DIRECTOR	0 00	×						0	0	0	
KENAN BIGBY DIRECTOR	0 00	х						0	0	0	
IRA WEINSTEIN DIRECTOR	0 00	Х						0	0	0	

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DIRECTOR
IRA WEINSTEIN
DIRECTOR
JOSH COHEN
DIRECTOR

CHARLES ANDERSON

MARSHALL E PHILLIPS

DAYNA M HUTCHINS

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DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

AMY GLASSMAN

KYLE WOLFF

(A) (D) (E) (B) (C) (F) Position (do not check more Name and Title Average Reportable Reportable Estimated than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) from the

organization

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

	411, 110413	""	u un			uscec,	′	(11)	(144 - 244 - 222		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
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		х				0	0	0	
ROGER I BROWN IR	0 00										

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JOAN HOOVER
VICE CHAIR 2
ROGER L BROWN JR
DIRECTOR
RICHELLE PATTON

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

HEIDI ZIMMER

PETE TENEYCK

TIMOTHY I HENKEL

GEORGE WEIDENFELLER

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation

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

	any hours	hours and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JEFFREY J WODA DIRECTOR	0 00	х						0	0	0	
CHRIS HITE DIRECTOR	0 00	x						0	0	0	
EFREM LEVY DIRECTOR	0 00	Х						0	0	0	
VICTOR SOSTAR DIRECTOR	0 00	×						0	0	0	
LAURA BURNS	0 00	×						0	0	0	

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DIRECTOR
VICTOR SOSTAR
DIRECTOR
LAURA BURNS
DIRECTOR

WILL ECKSTEIN

ALYSSE HOLLIS

ALLISON KUNIS

MARK MCDANIEL

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

efile GRAPHIC print - DO NOT PROCESS As Filed Data SCHEDULE C Political Campaign ar

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

DLN: 93493161006160

QUIOpen to Public

Department of the Treasury Internal Revenue Service

EZ)

(Form 990 or 990-

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.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Inspection

• \$ • \$ f the • \$ • \$ f the [Pro]	Section 501(c) (other than section 5 Section 527 organizations Complet e organization answered "Yes" or Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form t have filed Form 5768 (election under t have NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy T s), then	rts I-A and C below 990-EZ, Part VI, III section 501(h)) Counder section 501(h	ne 47 (Lobbying Activitie omplete Part II-A Do not c n)) Complete Part II-B Do	omplete Part II-B not complete Part II-A						
Nar NAT	me of the organization FIONAL HOUSING & REHABILITATION SOCIATION			Employer ide 23-7248114	ntification number						
Par	t I-A Complete if the orga	nization is exempt under sect	ion 501(c) or is	a section 527 organ	ization.						
1	"political campaign activities")	nization's direct and indirect political co	ampaign activities ii	n Part IV (see instructions	for definition of						
2 3	Political campaign activity expend	·		•	\$						
	Volunteer hours for political camp t I-B Complete if the orga	paign activities (see instructions) nization is exempt under sect	ion 501(c)(3)								
	<u> </u>	<u> </u>		.	.						
1 2	· —										
3	•	ix incurred by organization managers tion 4955 tax, did it file Form 4720 foi		•	*						
	-	tion 4933 tax, did it file form 4720 for	tills year		☐ Yes ☐ No						
4a	Was a correction made?				☐ Yes ☐ No						
b Par		nization is exempt under sect	ion 501(c), exc	ept section 501(c)(3).						
1	Enter the amount directly expend	ed by the filing organization for section	on 527 exempt func	tion activities	\$						
2	, · ·	anization's funds contributed to other	·		\$						
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and	on Form 1120-POL,	line 17b	\$						
4	Did the filing organization file For	m 1120-POL for this year?			Yes No						
5	organization made payments For of political contributions received	employer identification number (EIN) reach organization listed, enter the ar that were promptly and directly delive ee (PAC) If additional space is needed	nount paid from the ered to a separate p	e filing organization's fund: political organization, such	s Also enter the amount						
	(a) Name (b) Address (c) EIN (d) Amount paid from filing organization's funds If none, enter -0-										
1											
2											
3											
4											
5											
6											
For D	Panarwork Padustion Ast Notice, see	 the instructions for Form 000 or 000-F7		N SOCOLO Calcadada C	/F 000 000 F7) 2010						

activity

Volunteers?

Media advertisements?

Mailings to members, legislators, or the public? Publications, or published or broadcast statements?

expenses for which the section 527(f) tax was paid).

Supplemental Information

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

1

b

2

c Total

Part IV

3

Current year

Carryover from last year

expenditure next year?

Return Reference

(b)

Amount

(a)

Yes | No

2a

2b

2c

3

<u>4</u>

Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? 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)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 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 Were substantially all (90% or more) dues received nondeductible by members? 1 1 No 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? No Did the organization agree to carry over lobbying and political expenditures from the prior year? Nο Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B 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." Dues, assessments and similar amounts from members 483,025 1 1

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

Explanation

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

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

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

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues

efile GRAPHI	C print	- DO NO	T PROCES	S As	Filed Data -					DL	N: 93	4931	610	06160	
Schedule L			Tran	sactio	ons with Ir	ntereste	d Persor	าร			01	OMB No 1545-0047			
(Form 990 or 990)-EZ) 🖡	► Complet	e if the orga	anization	answered "Yes	on Form 9	90, Part IV, I	ines 2	25a, 2	25b, 26	5,	2019			
			27, 28a,		28c, or Form 99 ach to Form 99			40b.				Z U	1	フ	
Department of the Trea		≯ G	o to <u>www.ii</u>	rs.gov/F	orm990 for inst	ructions and	the latest in	forma	tion.		9	Open (
Internal Revenue Serv								E	mplo	ver ide	ntifica	Insp ation n			
NATIONAL HOUSIN									•	8114					
	ss Ben	efit Tran	sactions (section 50)1(c)(3), section !	501(c)(4), and	d section 501(c				s only)			
					Form 990, Part										
1 (a) Name of disqualified person			(1	Relationship be	etween disqua organization	ilified person ai	nd		escript ansacti			(d) Corrected? Yes No			
									1	C 3	NO				
								_							
_								-							
					managers or dis			year ı	under	section	ı	•			
4958 3 Enter the a	 mount of	f tax. ıf anv		bove, rei		rganization .		•			\$ —— \$				
					•										
			r om Inter zation answe		ersons. on Form 990-EZ,	Part V, line 3	38a, or Form 9	90. Pa	rt IV.	line 26	, or if	the ora	anıza	ation	
rep	orted an	amount or	n Form 990, I	Part X, lın	e 5, 6, or 22	,	,								
(a) Name of interested person	with or	lationship ganization	of loan		Loan to or from the organization? (e) Original (f) Balance due					(g) In (h) default? Approve			(i) Written d by agreement?		
						amount				1	board or committee?				
				То	From	1		Yes	No	Yes	No	Yes	Yes No		
Total			B 61			▶ \$									
					erested Perso 'Yes" on Form 9		line 27.								
(a) Name of inter			Relationship		_		(d) Type	of ass	stand	:e	(e) Pu	rpose o	f ass	istance	
		inte	rested perso organizat		!										
			Organizac												
										_					
For Paperwork Red	luction A	ct Notice. s	ee the Instru	ctions for	Form 990 or 990-l	-7. C	<u>I</u> at No 50056A		Sc	nedule l	(Form	990 or	000.	F71 2010	

(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	<u>'</u>	DWORBELL, INC PROVIDES MANAGEMENT SERVICES TO THE ORGANIZATION		No	

Part V **Supplemental Information**

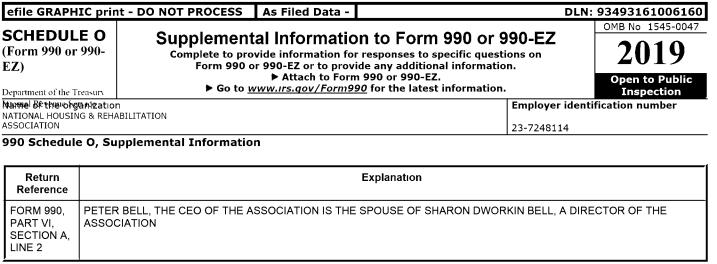
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

Explanation



Schedule L (Form 990 or 990-EZ) 2019



Return Explanation

990 Schedule O, Supplemental Information

LINE 3

FORM 990,	NH&RA RECEIVES MANAGEMENT SERVICES FROM DWORBELL, INC
PART VI,	
SECTION A	

Return Explanation
Reference
FORM 990 IS REVIEWED BY MANAGEMENT OF THE ORGANIZATION

990 Schedule O, Supplemental Information

LINE 11B

FORM 990, FORM 990 IS REVIEWED BY MANAGEMENT OF THE ORGANIZATION PART VI, SECTION B.

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990. **UPON REQUEST** PART VI. SECTION C. LINE 19

990 Schedule O, Supplemental Information Return Explanation Reference FORM 990, ROUNDING 3 PART XI, LINE 9