

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

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

▶ Do not enter social security numbers on this form as it may be made public  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
2016  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017**

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final <input checked="" type="checkbox"/> Return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Name of organization                  National Housing Trust-Enterprise Preservation Corporation</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite                  1101 30th Street NW No 100A</p> <p>City or town, state or province, country, and ZIP or foreign postal code                  Washington, DC 20007</p> <p><b>F</b> Name and address of principal officer                  Scott L Kline                  1101 30th ST NW 100A                  Washington, DC 20007</p>	<p><b>D</b> Employer identification number                  31-1662007</p> <p><b>E</b> Telephone number                  (202) 333-8931</p> <p><b>G</b> Gross receipts \$ 8,853,180</p>
<p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p><b>J</b> Website: ▶ WWW NHTINC ORG</p>	<p><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If "No," attach a list (see instructions)</p> <p><b>H(c)</b> Group exemption number ▶</p>	<p><b>L</b> Year of formation 1999</p> <p><b>M</b> State of legal domicile DC</p>
<p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<p><b>1</b> Briefly describe the organization's mission or most significant activities                  NHT/ENTERPRISE'S MISSION IS TO PRESERVE AND IMPROVE OUR NATION'S SUPPLY OF DECENT, SAFE, AND AFFORDABLE MULTI-FAMILY HOUSING THROUGH ACQUISITION AND LONG-TERM STEWARDSHIP THIS HOUSING IS A UNIQUE NATIONAL RESOURCE IT PROTECTS AND ENHANCES THE WELL-BEING AND STABILITY OF THE LOW INCOME PERSONS AND FAMILIES WHO LIVE THERE, AND STRENGTHENS THE COMMUNITIES IN WHICH THEY LIVE NHT/ENTERPRISE WAS FOUNDED BY THE NATIONAL HOUSING TRUST AND ENTERPRISE COMMUNITY PARTNERS, INC , BOTH WELL ESTABLISHED 501(C) (3) NONPROFIT ORGANIZATION WHOSE WORK IS NATIONAL IN SCOPE NHT/ENTERPRISE WORKS TO PRESERVE AND IMPROVE AFFORDABLE HOUSING FOR LOW-INCOME PERSONS AND FAMILIES THROUGH -DIRECT ACQUISITION OF MULTIFAMILY HOUSING DEVELOPMENTS, -LONG-TERM RENT AFFORDABILITY, -CREATION OF RESIDENT SERVICES PROGRAMS AND IMPROVEMENT OF EXISTING RESIDENT SERVICES, -AN EMPHASIS ON PHYSICAL REHABILITATION OF PROPERTIES IT PURCHASES</p>																																												
<b>Revenue</b>	<p><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</p> <p><b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> 5</p> <p><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 4</p> <p><b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . . . . <b>5</b> 0</p> <p><b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> 4</p> <p><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> 0</p> <p><b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . <b>7b</b> 0</p>																																												
<b>Expenses</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .</td> <td style="text-align: right;">1,022,020</td> <td style="text-align: right;">476,403</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) . . . . .</td> <td style="text-align: right;">4,133,533</td> <td style="text-align: right;">5,889,760</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .</td> <td style="text-align: right;">133,922</td> <td style="text-align: right;">65,783</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">5,289,475</td> <td style="text-align: right;">6,431,946</td> </tr> <tr> <td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .</td> <td style="text-align: right;">7,050</td> <td style="text-align: right;">73,850</td> </tr> <tr> <td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td> <td style="text-align: right;">373,587</td> <td style="text-align: right;">577,353</td> </tr> <tr> <td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶92,664</td> <td></td> <td></td> </tr> <tr> <td><b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .</td> <td style="text-align: right;">4,953,715</td> <td style="text-align: right;">6,218,299</td> </tr> <tr> <td><b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">5,334,352</td> <td style="text-align: right;">6,869,502</td> </tr> <tr> <td><b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .</td> <td style="text-align: right;">-44,877</td> <td style="text-align: right;">-437,556</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	1,022,020	476,403	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	4,133,533	5,889,760	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	133,922	65,783	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,289,475	6,431,946	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	7,050	73,850	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	373,587	577,353	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶92,664			<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	4,953,715	6,218,299	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,334,352	6,869,502	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	-44,877	-437,556		
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**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

***** Signature of officer	2018-04-02 Date
Scott L Kline Vice President Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Jeffrey M Kleeman	Preparer's signature Jeffrey M Kleeman	Date	Check <input type="checkbox"/> if self-employed	PTIN P00849057
	Firm's name ▶ Hertzbach & Company PA			Firm's EIN ▶ 52-1158459	
	Firm's address ▶ 800 Red Brook Blvd Suite 300 Owings Mills, MD 21117			Phone no (410) 363-3200	

**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

TO PRESERVE THE EXISTING STOCK OF HOUSING THROUGHOUT THE UNITED STATES FOR LONG-TERM LOW AND MODERATE INCOME USE

**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 \$ 2,038,567 including grants of \$ 3,850 ) (Revenue \$ 1,690,294 )  
See Additional Data

**4b** (Code ) (Expenses \$ 4,170,715 including grants of \$ 70,000 ) (Revenue \$ 4,199,466 )  
See Additional Data

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

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

**4e** Total program service expenses ▶ 6,209,282

**Part IV Checklist of Required Schedules**

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and organizational details.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Check if Schedule O contains a response or note to any line in this Part VI . . . . . [X]

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) MICHAEL BODAKEN ..... President	10 00 ..... 30 00	X		X				0	294,553	19,096
(2) Sue Reynolds ..... Board Member	0 20 ..... 0 00	X						0	0	0
(3) MARY TINGERTHAL ..... BOARD MEMBER	0 20 ..... 0 00	X						0	0	0
(4) LYDIA TOM ..... BOARD MEMBER	0 20 ..... 0 00	X						0	0	0
(5) GREG GRIFFIN ..... BOARD MEMBER	0 20 ..... 0 00	X						0	0	0
(6) SCOTT L KLINE ..... Senior Vice President	34 00 ..... 6 00			X				0	190,249	33,283
(7) Tracy Kaufman ..... Secretary	4 00 ..... 36 00			X				0	141,956	24,671
(8) KEVIN WHITE ..... Vice President	40 00 ..... 0 00			X				0	130,231	15,568
(9) DEBBY BLAZQUEZ ..... Treasurer	16 00 ..... 24 00			X				0	91,918	8,625
(10) Beverly Hanlin ..... Director of Asset Management	40 00 ..... 0 00					X		0	126,104	32,808
(11) Ed Pauls ..... Assistant Vice President	40 00 ..... 0 00					X		0	133,027	13,809
(12) Jared Lang ..... Sustainable Development Manager	40 00 ..... 0 00					X		0	113,026	15,273





**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	200,852			
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	60,000			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	215,551			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____					
	<b>h Total.</b> Add lines 1a-1f . . . . .		476,403			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> Rental Income . . . . .	531110	3,882,287	3,882,287		
	<b>b</b> Developer Fee . . . . .	531110	1,057,024	1,057,024		
	<b>c</b> Entity Fees . . . . .	531110	471,255	471,255		
	<b>d</b> Program Related Interest Income . . . . .	531110	280,005	280,005		
	<b>e</b> Tenant Charges . . . . .	531110	142,850	142,850		
	<b>f</b> All other program service revenue . . . . .		56,339	56,339		
<b>g Total.</b> Add lines 2a-2f . . . . .		5,889,760				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		136,013		136,013	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents . . . . .	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses . . . . .				
		<b>c</b> Rental income or (loss) . . . . .				
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	2,351,004			
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses . . . . .	2,421,234			
		<b>c</b> Gain or (loss) . . . . .	-70,230			
	<b>d</b> Net gain or (loss) . . . . .		-70,230		-70,230	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
		<b>b</b> Less direct expenses . . . . .	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue	Business Code					
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .						
<b>12 Total revenue.</b> See Instructions . . . . .		6,431,946	5,889,760	0	65,783	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	73,850	73,850		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	577,353	577,353		
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	184,041	184,041		
<b>b</b> Legal	34,732	34,732		
<b>c</b> Accounting	217,735	118,169	99,566	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,982,093	1,549,658	353,383	79,052
<b>12</b> Advertising and promotion	24,557	21,944	2,613	
<b>13</b> Office expenses	222,770	198,685	23,249	836
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	2,338,078	2,284,905	42,538	10,635
<b>17</b> Travel	42,826	32,120	8,565	2,141
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	299,859	299,859		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	709,099	706,101	2,998	
<b>23</b> Insurance	14,841		14,841	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Bad Debts	91,032	91,032		
<b>b</b> Other Taxes & Insurance	34,278	27,413	6,865	
<b>c</b> Financial Expenses	16,927	3,989	12,938	
<b>d</b> Predevelopment Expenses	5,431	5,431		
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	6,869,502	6,209,282	567,556	92,664
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	3,442,968	<b>1</b>	3,429,704
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	40,093	<b>3</b>	217,010
	<b>4</b> Accounts receivable, net . . . . .	392,320	<b>4</b>	353,883
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	238,158	<b>9</b>	310,363
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	59,432,435		
	<b>b</b> Less accumulated depreciation	3,385,326		
	<b>11</b> Investments—publicly traded securities . . . . .	17,953,200	<b>10c</b>	56,047,109
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	5,572,389	<b>11</b>	4,443,775
	<b>13</b> Investments—other securities See Part IV, line 11 . . . . .	864,936	<b>12</b>	626,510
	<b>14</b> Investments—program-related See Part IV, line 11 . . . . .	16,445,803	<b>13</b>	19,074,651
	<b>15</b> Intangible assets . . . . .	97,452	<b>14</b>	
<b>16</b> Other assets See Part IV, line 11 . . . . .	2,338,767	<b>15</b>	2,966,943	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	47,386,086	<b>16</b>	87,469,948	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	639,599	<b>17</b>	1,185,078
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	3,858,354	<b>19</b>	3,943,949
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	155,323	<b>21</b>	477,701
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	27,854,568	<b>23</b>	67,265,710
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	32,507,844	<b>26</b>	72,872,438
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	14,269,226	<b>27</b>	14,123,235
	<b>28</b> Temporarily restricted net assets . . . . .	609,016	<b>28</b>	474,275
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	14,878,242	<b>33</b>	14,597,510
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	47,386,086	<b>34</b>	87,469,948

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	6,431,946
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	6,869,502
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	-437,556
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	14,878,242
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	156,824
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	14,597,510

**Part XII Financial Statements and Reporting**

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

	Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____                      If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?                      If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2a</b>	No
<p><b>b</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  <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	<b>2b</b>	Yes
<p><b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?                      If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	<b>2c</b>	Yes
<p><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>	<b>3a</b>	No
<p><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>	<b>3b</b>	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 31-1662007

**Name:** National Housing Trust-Enterprise  
Preservation Corporation

Form 990 (2016)

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

NHT-Enterprise Preservation Corporation is a 501(c)(3) non-profit affordable housing development company based in Washington, D C whose mission is to preserve, improve and develop affordable, multifamily housing For NHT-Enterprise, there are four critical elements that must be included in every preservation or development effort 1 ) securing long-term affordability, 2 ) developing sound buildings, or addressing existing physical and capital needs, 3 ) incorporating sustainable/green building practices, and, 4 ) maintaining or incorporating resident services and community programs

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

Properties in Operations NHT-Enterprise maintains an Asset Management division that currently oversees 32 properties comprised of 3,924 units for low-income families and elderly. This group oversees third party property management companies responsible for daily tasks associated with multifamily property operations. Such tasks include property maintenance, leasing, rent collections, bill paying and enforcement of rules and regulations. Asset Management is focused on providing high quality property management services to the tenants with an emphasis on tenant satisfaction, resident service programs, and compliance with applicable affordable housing finance program rules and regulations.

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**SCHEDULE A**  
**(Form 990 or**  
**990EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
National Housing Trust-Enterprise  
Preservation Corporation

Employer identification number

31-1662007

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s) \_\_\_\_\_

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	916,452	955,076	1,118,411	1,022,020	476,403	4,488,362
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,272,674	3,571,920	4,871,133	4,133,533	5,889,760	22,739,020
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	5,189,126	4,526,996	5,989,544	5,155,553	6,366,163	27,227,382
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	419,000	779,576	660,725	664,491	226,552	2,750,344
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1,820,094	634,155	1,427,572	585,797	487,828	4,955,446
<b>c</b> Add lines 7a and 7b	2,239,094	1,413,731	2,088,297	1,250,288	714,380	7,705,790
<b>8 Public support.</b> (Subtract line 7c from line 6.)						19,521,592

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b> Amounts from line 6	5,189,126	4,526,996	5,989,544	5,155,553	6,366,163	27,227,382
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	125,545	489,378	110,376	126,876	136,013	988,188
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	125,545	489,378	110,376	126,876	136,013	988,188
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	5,314,671	5,016,374	6,099,920	5,282,429	6,502,176	28,215,570
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	69.190 %
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	65.720 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	3.500 %
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	3.360 %

**19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by .035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

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

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
National Housing Trust-Enterprise  
Preservation Corporation

**Employer identification number**  
31-1662007

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . .   | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>   |            |           |
| <b>(ii)</b> related organizations . . . . .  | <b>Yes</b> | <b>No</b> |
| <b>3a(ii)</b>  |            |           |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |            |           |
| <b>3b</b>  |            |           |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		19,603,970		19,603,970
<b>b</b> Buildings		38,188,979	2,234,761	35,954,218
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		16,957	12,170	4,787
<b>e</b> Other . . . . .		1,622,529	1,138,395	484,134
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				56,047,109



**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) NOTES RECEIVABLE	12,459,371	C
(2) ACCRUED INTEREST ON NOTES RECEIVABLE	1,881,874	C
(3) MORTGAGE ESCROW DEPOSITS	146,177	C
(4) REPLACEMENT RESERVES	782,932	C
(5) OTHER RESERVE	3,350,404	C
(6) DUE FROM RELATED PARTY	453,893	C
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )	19,074,651	

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	

**2. Liability for uncertain tax positions** In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .		<b>5</b>	

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

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

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

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 31-1662007

**Name:** National Housing Trust-Enterprise  
Preservation Corporation

## Supplemental Information

Return Reference	Explanation
Part IV, Line 2b	The amount of \$536,019 on the accompanying balance sheet represents funds deposited in a savings account with a balance which should be at least equal to the tenants' security deposits liability. Florida Landlord and Tenant Law requires NHTE Southpoint LLC and NHTE Landfair LLC to maintain a separate account for deposits paid by the tenants. District of Columbia Rent Escrow Law requires NHTE Copeland Manor LLC, East River Preservation Partners LLC, and Mass Place Apartments LLC to maintain a separate account for deposits paid by the tenants. Connecticut Landlord and Tenant Law requires West Hartford Preservation LLC to maintain a separate account for deposits paid by the tenants. Tenant security deposits are held in a federally insured bank.

## Supplemental Information

Return Reference	Explanation
Part X, Line 2	NHT/Enterprise is exempt from income taxes under Section 501 (c)(3) of the Internal Revenue Code, except for unrelated business income as defined in the Code. There was no unrelated business income during the year ended June 30, 2017.

**Schedule I (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

**Grants and Other Assistance to Organizations, Governments and Individuals in the United States**  
 Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
 Attach to Form 990.  
 Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
 Open to Public Inspection

Name of the organization  
 National Housing Trust-Enterprise Preservation Corporation

**Employer identification number**  
 31-1662007

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Community Housing 8403 Colesville Rd Suite 1150 Silver Spring, MD 20910	52-1662186	501(c)(3)	30,000		FMV		Support the development of solar systems on CPDC properties
(2) Ridgewood Bushwick Senior Citizens Counsel 217 Wyckoff Avenue Brooklyn, NY 11237	11-2453853	501(c)(3)	40,000		FMV		Support the development of solar systems on Riseboro properties

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

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	The organization requires each grantee to submit a budget for approval for each project prior to receiving the award and to submit monthly reports once the award has been made. Each grantee is required to maintain supporting documentation for all expenditures.

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**

**2015**  
**Open to Public Inspection**

**▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization National Housing Trust-Enterprise Preservation Corporation	Employer identification number 31-1662007
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization?	<b>5a</b>	No								
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No								
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization?	<b>6a</b>	No								
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No								
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No								
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL BODAKEN President	(i)	0	0	0	0	0	0	0
	(ii)	----- 294,553	----- 0	----- 0	----- 17,823	----- 1,273	----- 313,649	----- 0
2 SCOTT L KLINE Senior Vice President	(i)	0	0	0	0	0	0	0
	(ii)	----- 190,249	----- 0	----- 0	----- 11,985	----- 21,298	----- 223,532	----- 0
3 Tracy Kaufman Secretary	(i)	0	0	0	0	0	0	0
	(ii)	----- 141,956	----- 0	----- 0	----- 7,744	----- 16,927	----- 166,627	----- 0
4 Beverly Hanlin Director of Asset Management	(i)	0	0	0	0	0	0	0
	(ii)	----- 126,104	----- 0	----- 0	----- 8,316	----- 24,492	----- 158,912	----- 0

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 3	NATIONAL HOUSING TRUST, A RELATED ORGANIZATION, SHARES THEIR EMPLOYEES WITH THE FILING ORGANIZATION. A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE ARE THE METHODS USED TO ESTABLISH COMPENSATION BY THE NATIONAL HOUSING TRUST.

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

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

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Internal Revenue Service  
Name of the organization

National Housing Trust-Enterprise  
Preservation Corporation

**Employer identification number**

31-1662007

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 3	<p>THE PROPERTY OWNED BY NHTE SOUTHPOINT LLC IS MANAGED BY CROSSROADS, LLC, AN UNRELATED PARTY, PURSUANT TO A MANAGEMENT AGREEMENT THE MANAGEMENT AGREEMENT PROVIDES FOR FEE COMPUTED AS THE GREATER OF A MONTHLY FIXED FEE OF \$3,444 OR OF 5% OF THE ACTUAL RENT COLLECTIONS FOR THE PRECEDING MONTH THE PROPERTY OWNED BY NHTE COPELAND MANOR LLC IS MANAGED BY VISION REALTY MANAGEMENT, LLC, AN UNRELATED PARTY, PURSUANT TO A MANAGEMENT AGREEMENT THE MANAGEMENT AGREEMENT PROVIDES FOR FEE COMPUTED AS THE GREATER OF A MONTHLY FIXED FEE OF \$36 PER UNIT OR OF 4 25% OF THE TOTAL MONTHLY GROSS RENTAL RECEIPTS THE CURRENT MANAGEMENT AGREEMENT ALSO PROVIDES FOR A BOOKKEEPING FEE OF \$3 PER UNIT PER MONTH THE PROPERTY OWNED BY NHTE LANDFAIR LLC IS MANAGED BY CROSSROADS, LLC, AN UNRELATED PARTY, PURSUANT TO A MANAGEMENT AGREEMENT THE MANAGEMENT AGREEMENT PROVIDES FOR FEE COMPUTED AS THE GREATER OF A MONTHLY FIXED FEE OF \$3,276 OR OF 5% OF THE TOTAL MONTHLY GROSS RECEIPTS THE PROPERTY OWNED BY WEST HARTFORD PRESERVATION LLC IS MANAGED BY THE HOUSING AUTHORITY OF THE TOWN OF WEST HARTFORD, AN UNRELATED PARTY, PURSUANT TO A MANAGEMENT AGREEMENT THE MANAGEMENT AGREEMENT PROVIDES FOR FEE COMPUTED AS 5% OF RENT COLLECTIONS THE PROPERTY OWNED BY EAST RIVER PRESERVATION PARTNERS LLC IS MANAGED BY EAGLE POINT MANAGEMENT, AN UNRELATED PARTY, PURSUANT TO A MANAGEMENT AGREEMENT THE MANAGEMENT AGREEMENT PROVIDES FOR FEE COMPUTED AS 5 5% OF TOTAL OPERATING INCOME RECEIPTS THE PROPERTY OWNED BY MASS PLACE APARTMENTS LLC IS MANAGED BY QUANTUM REAL ESTATE MANAGEMENT, LLC, AN UNRELATED PARTY, PURSUANT TO A MANAGEMENT AGREEMENT THE MANAGEMENT AGREEMENT PROVIDES FOR FEE COMPUTED AS 4% OF ACTUAL RENT COLLECTIONS</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	AN EQUAL NUMBER OF DIRECTORS ARE TO BE APPOINTED BY THE BOARD OF DIRECTORS OF NATIONAL HOUSING TRUST, THE BOARD OF DIRECTORS OF THE ENTERPRISE FOUNDATION OR BY AN OFFICER OF EITHER BOARD OF DIRECTORS AUTHORIZED TO MAKE SUCH APPOINTMENT, IN ACCORDANCE WITH BYLAWS ARTICLE 2 SECTION 3

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	THE DRAFT TAX RETURN IS REVIEWED BY THE CORPORATE OFFICERS WHO RESOLVE ANY QUESTIONS BEFORE FINALIZING THE RETURN A COPY OF THE FINALIZED 990 IS PROVIDED TO THE FULL BOARD OF DIRECTORS BEFORE FILING WITH THE IRS

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, line 12c	Each Member is provided a copy of NHT/Enterprise's Conflict of Interest Policy and the Conflict of Interest Declaration upon joining the Board of Directors. Until the Declaration is signed, they are not a voting member of the Board. Every year, in the month June, each Board member signs a new Conflict of Interest Declaration which is maintained by the administrative staff.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, line 15	<p>National Housing Trust - Enterprise Preservation Corporation does not have any paid staff. The National Housing Trust (NHT), an affiliate organization, provides staffing for the organization. The President, Vice President and Secretary of NHT/Enterprise are also officers of NHT. NHT has a Compensation Committee made of members of its larger Board of Directors. On an annual basis, this committee works with a 3rd party compensation consultant to determine appropriate compensation for the President, Vice President and Secretary (Controller). The compensation for other NHT staff is determined by the officers.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section C, line 19	GOVERNING DOCUMENTS AVAILABLE UPON REQUEST



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII Contact Addresses for Officers, Directors, Etc	Sue Reynolds - 2815 Camino del Rio South, San Diego, CA 92108 MARY TINGERTHAL - 400 SIBLE Y STREET SUITE 300, ST PAUL, MN 55101 LYDIA TOM - 1 WHITEHALL STREET, 11TH FLOOR, NEW YO RK, NY 10004 GREG GRIFFIN - 11000 BROKEN LAND PARKWAY SUITE 700, COIUMBIA, MD 21044 DEBB Y BLAZQUEZ - 1101 30TH STREET, NW SUITE 100A, WASHINGTON, DC 20007

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part IX, line 11g	Professional Fees Program service expenses 137,835 Management and general expenses 34,459 Fundraising expenses 0 Total expenses 172,294 Consulting Program service expenses 1,312,375 Management and general expenses 314,791 Fundraising expenses 78,019 Total expenses 1,705,185 Employee Benefits Program service expenses 99,448 Management and general expenses 4,133 Fundraising expenses 1,033 Total expenses 104,614

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IX, LINE 16 OCCUPANCY EXPENSE	UTILITIES \$269,373 REPAIRS AND MAINTENANCE 86,902 REAL ESTATE TAXES 97,078 INSURANCE 303,6 17 R&M CONTRACTS 650,268 RENT EXPENSE 324,171 MORTGAGE INTEREST 606,669 TOTAL OCCUPANCY EX PENSE \$2,338,078

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART XI LINE 2C	DESCRIBE CHANGES IN COMMITTEE OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT - NO CHANGES FROM PRIOR YEAR

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
National Housing Trust-Enterprise  
Preservation Corporation

**Employer identification number**

31-1662007

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

See Additional Data Table

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> CAROLINA AFFORDABLE HOUSING INC 1101 30TH STREET NW SUITE 100A  WASHINGTON, DC 20007 31-1757447	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES - 100 UNITS	NC	501(c)(3)	Line 10	N/A		No
<b>(2)</b> NATIONAL HOUSING TRUST 1101 30TH STREET NW SUITE 100A  WASHINGTON, DC 20007 52-1477599	PRESERVE EXISTING STOCK OF FEDERALLY ASSISTED HOUSING FOR LT LI HOUSING	DC	501(c)(3)	Line 7	N/A		No

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b> Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b> Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b> Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b> Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b> Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b> Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)NHTE Baltimore Affordable Housing LLC	A	202,401	CASH
(2)NHTE Fredericksburg Affordable Housing LLC	C	93,374	CASH





**Part VII** **Supplemental Information**

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 31-1662007  
**Name:** National Housing Trust-Enterprise  
Preservation Corporation

**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
(1) NHT RENEWABLE OF DELAWARE LLC 1101 30TH STREET NW SUITE 100A WASHINGTON, DC 20007 47-1794832	INSTALL, OWN, OPERATE AND MAINTAIN SOLAR PHOTOVOLTAIC AND THERMAL SYSTEMS	DE	-53,745	3,269,512	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION
(1) NHTE COPELAND MANOR LLC 1101 30TH STREET NW SUITE 100A WASHINGTON, DC 20007 27-4156225	PROvide Safe and Affordable Housing for Low Income Families - 61 UNITS	DC	-100,715	4,347,307	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION
(2) NHTE LANDFAIR LLC 1101 30TH STREET NW SUITE 100A WASHINGTON, DC 20007 27-4240464	ACQUIRE AND DEVELOP AFFORDABLE HOUSING PROJECTS	FL	157,018	2,887,222	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION
(3) NHTE LEISURE VILLAS LLC 1101 30TH STREET NW SUITE 100A WASHINGTON, DC 20007 45-2319045	ACQUIRE AND DEVELOP AFFORDABLE HOUSING PROJECTS	FL	0	0	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION
(4) NHTE LEONARD HOUSING LLC 1101 30TH STREET NW SUITE 100A WASHINGTON, DC 20007 45-2921517	ACQUIRE AND DEVELOP AFFORDABLE HOUSING PROJECTS	NY	-6,195	28,015	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION
(5) NHTE POPPLETON LLC 1101 30TH STREET NW SUITE 100A WASHINGTON, DC 20007 27-2496517	ACQUIRE AND DEVELOP AFFORDABLE HOUSING PROJECTS	MD	-67	-195	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION
(6) NHTE SOUTHPOINT LLC 1101 30TH STREET NW SUITE 100A WASHINGTON, DC 20007 27-2828471	Provide Safe and Affordable Housing for Low Income Families - 123 UNITS	FL	-192,215	12,885,324	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION
(7) PHOENIX NIMBUS TRUST LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 47-4559957	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DC	0	0	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION
(8) CITY TWO NATIONAL LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 47-4572444	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DC	0	0	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION
(9) PARK HAVEN NPGP LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 81-1387487	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	MN	0	0	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION
(10) CINCINNATI NHTE HOUSING GP LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 81-2958204	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	OH	0	0	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION
(11) CASTLEBERRY VILLAGES TRUST LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 81-4578209	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DC	0	0	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 3145 Mount Pleasant Street LP 1101 30TH STREET NW STE 100A WasHINGTON, DC 20007 30-0754770	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DC	Mount Pleasant Street Partners LLC	RELATED	-37	512,473		No		Yes		0.010 %
(1) Belton Woods LP 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 56-2280085	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 200 UNITS	SC	BELTON WOODS HOUSING COMPANY	RELATED	5	5,349		No		Yes		0.010 %
(2) BRIARCLIFF LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 45-0474412	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 30 UNITS	VA	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION	RELATED	63,399	1,738,998		No		Yes		50.000 %
(3) CHANNEL RENEWABLE LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 47-3694857	TO INSTALL, OWN, OPERATE AND MAINTAIN SOLAR PHOTOVOLTAIC & THERMAL SYSTEMS	DC	CHANNEL RENEWABLE MANAGER LLC	RELATED	-5,056	775,508		No		Yes		1.000 %
(4) CHANNEL SQUARE HOUSING HOLDING LLC 551 FIFTH AVENUE 23RD FL NEW YORK, NY 10176 90-1014871	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DE	CHANNEL SQUARE PARTNERS LLC	RELATED	-33,972	2,115,729		No		Yes		8.000 %
(5) CHANNEL SQUARE PARTNERS LLC 4115 WISCONSIN NW SUITE 210 WASHINGTON, DC 20016 46-2009223	To Provide Safe and Affordable Housing for Low Income Families	DC	SOMERSET CHANNEL SQUARE PARTNERS LLC	RELATED	-28,690	2,116,393		No		Yes		51.000 %
(6) Cumberland Housing Preservation Partners LP 3413 30th Street San Diego, CA 92104 27-0349533	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	MD	CUMBERLAND PRESERVATION PARTNERS LLC	RELATED	35	82,267		No		Yes		0.010 %
(7) Cumberland Preservation Partners LLC 3413 30th Street San Diego, CA 92104 27-0349475	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	MD	National Housing Development Partners LLC	RELATED	15,880	190,567		No		Yes		35.000 %
(8) Fredericksburg Affordable Housing LP 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 01-0803505	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING -147 UNITS	VA	NHTE FREDERICKSBURG AFFORDABLE HOUSING LLC	RELATED	-54	2,302,750		No		Yes		0.010 %
(9) Greatview Development LP 707 SABLE OAKS DRIVE SOUTH PORTLAND, ME 04106 20-5657247	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 188 UNITS	PA	Point of View LLC	RELATED	-5	36,804		No		Yes		0.010 %
(10) King Preservation LP 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 02-0619681	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 96 UNITS	IL	KING PRESERVATION OF ILLINOIS LLC	RELATED	-87,906	192,235		No		Yes		0.050 %
(11) Meridian Manor - Chapin Street LP 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 52-2282477	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 34 UNITS	DC	MERIDIAN MANOR LLC	RELATED	34,855	212,858		No		Yes		0.010 %
(12) MERIDIAN MANOR LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 52-2279379	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 34 UNITS	DC	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION	RELATED	9,056	87,808		No		Yes		60.000 %
(13) Mount Pleasant Street Partners LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 46-1187385	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DC	Ward 1 Housing LLC	RELATED	-37	512,588		No		Yes		85.000 %
(14) NHT RENEWABLE LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 46-3574178	TO INSTALL, OWN, OPERATE AND MAINTAIN SOLAR PHOTOVOLTAIC & THERMAL SYSTEMS	DC	NHTE SOLAR MANAGER LLC	RELATED	-72,428	341,793		No		Yes		1.000 %

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) NHTE BALTIMORE AFFORDABLE HOUSING LLC  1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 45-2547081	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DC	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION	RELATED		7,901,105		No		Yes		79 000 %
(1) NHTE Piedmont Garrett Square LP  1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 80-0561042	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 150 UNITS	VA	NHTE PIEDMONT GARRETT SQUARE LLC	RELATED	-11	2,617,267		No		Yes		0 010 %
(2) NHTE ST DENNIS LP  1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 27-2828471	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 32 UNITS	DC	NHTE KENYON STREET PRESERVATION LLC	RELATED	-28	426,885		No		Yes		0 010 %
(3) PHOENIX NIMBUS GP LLC  1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 37-1789300	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	GA	PHOENIX NIMBUS TRUST LLC	RELATED				No		Yes		51 000 %
(4) PHOENIX NIMBUS LP  1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 47-4797298	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING	GA	PHOENIX NIMBUS GP LLC	RELATED		464,967		No		Yes		0 510 %
(5) Point of View LLC  707 SABLE OAKS DRIVE SOUTH PORTLAND, ME 04106 20-2265498	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 188 UNITS	ME	SCRANTON AFFORDABLE HOUSING TRUST LLC	RELATED	-5	36,804		No			No	30 000 %
(6) POPPLETON PARTNERS II LP  1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 26-1759431	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 96 UNITS	MD	NHTE POPPLETON LLC	RELATED	658	1,344,093		No		Yes		
(7) R Street Preservation Partners LLC  1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 20-8927132	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 130 UNITS	DC	NHTE R STREET LLC	RELATED	-27	67,573		No			No	50 000 %
(8) R Street Preservation Partners LP  1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 20-8927086	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 130 UNITS	DC	R STREET PRESERVATION PARTNERS LLC	RELATED	-27	67,553		No			No	0 010 %
(9) TEQUESTA KNOLL LLC  1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 45-3764951	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 100 UNITS	FL	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION	RELATED	33,618	3,018,054		No			No	51 000 %
(10) DAVENPORT MAHC OWNER LLC  1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 47-4232478	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING	MN	DAVENPORT MAHC LLC	RELATED				No			No	
(11) DAVENPORT MAHC LLC  1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 47-1752602	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING	MN	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION	RELATED				No		Yes		76 000 %

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) BELTON WOODS HOUSING COMPANY 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 57-1134326	ACQUIRE, DEVELOP, OWN & OPERATE LOW- INCOME RESIDENTIAL HOUSING - 200 UNITS	SC	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION	C	27,721	-59,086	100 000 %	Yes	
(1) CHANNEL RENEWABLE MANAGER LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 47-3707392	TO EARN FEES FROM ENERGY SERVICE AGREEMENTS	DC	NHT RENEWABLE OF DELAWARE LLC	C		-4,956	100 000 %	Yes	
(2) CHANNEL SQUARE TRUST LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 46-3566576	ACQUIRE, DEVELOP, OWN & OPERATE LOW- INCOME RESIDENTIAL HOUSING	DC	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION	C	22,754	409,222	100 000 %	Yes	
(3) KING PRESERVATION OF ILLINOIS LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 27-0017628	ACQUIRE, DEVELOP, OWN & OPERATE LOW- INCOME RESIDENTIAL HOUSING - 96 UNITS	IL	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION	C	88	-237,865	100 000 %	Yes	
(4) LAURELWOOD PLACE TRUST LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 47-1740066	TO PROVIDE SAFE & AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DC	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION	C		-10	100 000 %	Yes	
(5) NHTE BUCKINGHAM LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 27-2121262	ACQUIRE, DEVELOP, OWN & OPERATE LOW- INCOME RESIDENTIAL HOUSING - 92 UNITS	DC	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION	C		-89	100 000 %	Yes	
(6) NHTE BV3 PARCEL B LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 46-4820778	TO PROVIDE SAFE & AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DC	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION	C		-45	100 000 %	Yes	
(7) NHTE FREDERICKSBURG AFFORDABLE HOUSING LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 41-2120197	TO PROVIDE SAFE & AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	VA	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION	C	41,452	1,843,881	100 000 %	Yes	
(8) NHTE KENYON STREET PRESERVATION LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 26-2738465	ACQUIRE, DEVELOP, OWN & OPERATE LOW- INCOME RESIDENTIAL HOUSING - 32 UNITS	DC	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION	C			100 000 %	Yes	
(9) NHTE PIEDMONT GARRETT SQUARE LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 82-0561040	ACQUIRE, DEVELOP, OWN & OPERATE LOW- INCOME RESIDENTIAL HOUSING - 150 UNITS	VA	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION	C		-226	80 000 %	Yes	
(10) NHTE R STREET LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 26-0901785	ACQUIRE, DEVELOP, OWN & OPERATE LOW- INCOME RESIDENTIAL HOUSING - 130 UNITS	DC	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION	C	31,376		100 000 %	Yes	
(11) NHTE SOLAR MANAGER LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 46-3555775	TO EARN FEES FROM ENERGY SERVICE AGREEMENTS	DC	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION	C		-245,635	100 000 %	Yes	
(12) NHTE WILLIAM BOOTH TOWER GP LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 27-0996544	ACQUIRE, DEVELOP, OWN & OPERATE LOW- INCOME RESIDENTIAL HOUSING - 130 UNITS	DC	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION	C	15,665	171,464	100 000 %	Yes	
(13) SCRANTON AFFORDABLE HOUSING TRUST LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 26-0490821	ACQUIRE, DEVELOP, OWN & OPERATE LOW- INCOME RESIDENTIAL HOUSING - 188 UNITS	PA	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION	C		7	100 000 %	Yes	
(14) WARD 1 HOUSING LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007 46-2104641	TO PROVIDE SAFE & AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DC	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION	C			100 000 %	Yes	

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) 104TH STREET MM LLC 1999 BROADWAY SUITE 1000 DENVER, CO 80202 27-2754418	To Provide Safe and Affordable Housing for Low Income Families	IL	NATIONAL HOUSING TRUST - ENTERPRISE PRESERVATION CORPORATION	C	-34	2,866,332	33 000 %		No