DLN: 93493197059490

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

2018

OMB No. 1545-0047

Department of the Treasury

Return of Organization Exempt From Income Tax

▶ Do not enter social security numbers on this form as it may be made public.

 \blacktriangleright Go to $\underline{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

Open to Public Inspection

		2019 C	ı əlendər vear, or tax vear beginr	ning 07-01-2018 , and ending 06-3	2019			
		pplicable:	C Name of organization	mig 07 01 2010 , and chaing 00 c	70 2017	D Employ	er identifi	ication number
_	dress c		NATIONAL COUNCIL OF STATE HOUS AGENCIES	ING				
	me cha	-				52-104	/451	
☐ Ini	tial ret	urn	Doing business as					
		/terminated	Number and street (or D.O. hay if was	il is not delivered to street address) Room/s	vita	E Telephon		
		return n pending	444 NORTH CAPITOL STREET NW NO	(202) 6	24-7710			
	pirodeio	ponamy	City or town, state or province, count	(202) 0	24 //10			
			WASHINGTON, DC 20001	. , , =		G Gross re	ceints \$ 5	442 312
			F Name and address of principal	officer:	H(a) Is thi			
			STOCKTON WILLIAMS			dinates?	tuili 10i	□Yes ☑ No
			444 NORTH CAPITOL STREET NW 438	SUITE	H(b) Are a		es	☐ Yes ☐No
			WASHINGTON, DC 20001		includ		:_+ /	
I Ta	x-exem	npt status:	☐ 501(c)(3) ☑ 501(c)(4) ◄ (i	nsert no.) 4947(a)(1) or 527	H(c) Group	•	•	instructions)
J W	ebsite	e:▶ WW	/W.NCSHA.ORG			o exemption	Hamber	
K Forr	n of or	ganization:	Corporation Trust 🗹 Assoc	iation Other	L Year of form	ation: 1974	M State	of legal domicile: DC
Pa	art I	Sumi	•					
			scribe the organization's mission or ICE THE NATION'S STATE HOUSING	most significant activities: 3 FINANCE AGENCIES' EFFORTS TO PR	OVIDE AFFORD	ABLE HOUS	ING	
Çe		0 710 1711	THE WATER STATE HOUSEN	THIN WELL HOLNELD ELLOKIS TO THE	OVIDE / II ONE	ABEL HOUS		
Ē	-							
Governance					250			
Ġ U	_		3	ontinued its operations or disposed of body (Part VI, line 1a)			ssets. 3	15
			of independent voting members of t		4	15		
Activīties &			•	endar year 2018 (Part V, line 2a)			5	21
₹			nber of volunteers (estimate if nece			6	15	
ACT	1		·	/III, column (C), line 12		•	7a	0
	1			Form 990-T, line 34			7b	0
						or Year	1,20	Current Year
	8	Contribut	ions and grants (Part VIII, line 1h)		<u> </u>		0	0
Ravenue	1		service revenue (Part VIII, line 2g)		5,167,7	_	5,116,721	
Αō	1	_	ent income (Part VIII, column (A), lir			271,6		325,591
æ	1		venue (Part VIII, column (A), lines 5				0	0
	1			t equal Part VIII, column (A), line 12)		5,439,4	106	5,442,312
			nd similar amounts paid (Part IX, co				0	0
	1		paid to or for members (Part IX, col				0	0
S			other compensation, employee ben		3,494,4	181	3,416,203	
se	1		nal fundraising fees (Part IX, colum				0	
Expenses	l .		raising expenses (Part IX, column (D), lin					
Щ	1		penses (Part IX, column (A), lines 1	· -		2,376,:	153	2,163,854
	1	•	enses. Add lines 13–17 (must equa	·		5,870,6	_	5,580,057
			less expenses. Subtract line 18 from	* * * * * * * * * * * * * * * * * * * *		-431,2		-137,745
χ φ.					Beginning	of Current Y		End of Year
et Assets or ind Balances								
Bal	20	Total asse	ets (Part X, line 16)			16,848,9	977	17,226,904
₹ ₹	21	Total liab	ilities (Part X, line 26)			1,733,2	214	1,978,868
žæ	22	Net asset	s or fund balances. Subtract line 2:	1 from line 20		15,115,	763	15,248,036
	art II		ature Block					
				ned this return, including accompanying Declaration of preparer (other than off				
	nowle			Decided the property (conc. than on				The property has
		******	*		202	0 07 15		
c:		I B.——	ure of officer		Dat	:0-07-15 e		_
Sign Here		, STOCK	TON WILLIAMS EVECUTIVE DIRECTOR					
	-		TON WILLIAMS EXECUTIVE DIRECTOR r print name and title					
		/	rint/Type preparer's name		Date		PTIN	
Paid	4		•• •	-	2020-07- 1 5 Che		200184031	L
	a pare	r F	irm's name DEMBO JONES PC	·		n's EIN ► 52-	1073331	
	On	ı., ⊢	tanah addinas ik ekke ekkenten e estat a	CHITE FOO		<u>.</u>		
JJC	. JIII	• y Fi	irm's address ► 6116 EXECUTIVE BLVD S		Pho	one no. (301)	/70-5100	
			NORTH BETHESDA, MD					
May t	he IRS	S discuss	this return with the preparer show	n above? (see instructions)			 ✓ Y	'es 🗌 No

Form	990 (2018)					Page 2						
Pa	rt III Statemen	t of Program Service	e Accomplis	hments								
	Check if Sch	nedule O contains a respo	onse or note to a	any line in this Part III		🗆						
1	Briefly describe the	organization's mission:		•								
	DVANCE THROUGH A		ION THE NATIO	N'S STATE HOUSING FI	NANCE AGENCIES' EFFORTS TO P	ROVIDE AFFORDABLE						
2	Did the organizatio	n undertake any significa	ant program ser	vices during the year w	hich were not listed on							
	the prior Form 990	or 990-EZ?				🗌 Yes 🗹 No						
	If "Yes," describe th	hese new services on Sch	nedule O.									
3	·											
	services?	🗌 Yes 🗹 No										
	If "Yes," describe th	hese changes on Schedul	le O.									
4	Section 501(c)(3) a		ons are required	to report the amount of	largest program services, as mea of grants and allocations to others							
4a	(Code:) (Expenses \$	2,598,559	including grants of \$) (Revenue \$	2,535,052)						
	See Additional Data		. ,									
4b	(Code:) (Expenses \$	1,537,115	including grants of \$) (Revenue \$	2,080,165)						
	See Additional Data											
4c	(Code:) (Expenses \$	423,532	including grants of \$) (Revenue \$	501,504)						
	See Additional Data											
4d	Other program serv											
	(Expenses \$		uding grants of	·) (Revenue \$)						
4e	Total program se	rvice expenses >	4,559,2	06								

Form	990 (2018)			Page 3
Par	Checklist of Required Schedules		· .,	
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete		Yes	No No
	Schedule A	1		
	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates	2		No No
3	for public office? If "Yes," complete Schedule C, Part I	3		INO
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🕏	8		No
9	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? If "Yes," complete Schedule D, Part IV 2	9		No
10	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>	10		No
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 2	11a	Yes	
	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? If "Yes," complete Schedule D, Part VII 2	11b		No
	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? If "Yes," complete Schedule D, Part VIII	11c		No
u	in Part X, line 16? If "Yes," complete Schedule D, Part IX 🗳	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	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? If "Yes," complete Schedule F, Parts II and IV	15		No
16	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</i> "Yes," complete Schedule F, Parts III and IV	16		No
17	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? If "Yes," complete Schedule G, Part I (see instructions)	17		No
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	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>	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	orm 99	No

Did the organization snower "Yes" to Part VII, Section A, Inia 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Is. If "No." of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is. If "No." of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is. If "No." of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule Is. If "No." of the last day of the year to defease any tax exempt bords? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bords? Did the organization nation at as an "on behalf of issuer for bords outstanding at any time during the year? If "Yes," complete Schedule Is. Part I. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did 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 990-527. If "Yes," complete Schedule Is. Part I. Did the organization neonet any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, again to order assistance to an officer, director, trustee, sor day of these persons? If "Yes," complete Schedule Is. Part IV. Did the organization revoke a part to order assistance to an officer, director, trustee, or day of these persons? If "Yes," complete Schedule Is. Part IV. Was the organization and the part of the schedule Is. Part IV. Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Is. Part IV. Part IV. Did the organization receive or than \$25,000 in non-cash cont	-11	Checklist of Required Schedules (continued)		V -	
section 501(c)(3), 501(c)(4), and 501(c)(29) organizations with a disqualified person during the year? 25 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations with a disqualified person during the year? 26 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations with a disqualified person during the year? 27 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 28 Did the organization have a tax-exempt bonds beyond a temporary period exception? 28 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 29 Did the organization acts as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 29 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 29 Did the organization acts as an 'on behalf of 'issuer for bonds outstanding at any time during the year? If 'Yes,' complete Schedule L, Fart II 29 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 20 Did the organization acts as an 'on behalf of 'issuer for bonds outstanding at any time during the year? If 'Yes,' complete Schedule L, Fart II 20 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 20 Did the organization acts as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 21 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 22 Did the organization acts as an 'on behalf of 'issuer for bonds outstanding the year? 23 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or forms officer, director, trustee, or key employees, or disqualified persons' 17 organization provide a grant or other assistance to an officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 29 Did the organization application provide a grant or other assistance with the summary of the provided Schedule A, Part IV,				Yes	No
Did the organization have a tax-exempt bond issue with an austranding principal amount of more than \$100,000 as of the last day of the year; that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c Did the organization accounts of the state of the state of the organization and the state of the state of the organization and the state of the organization and the state of the state of the organization and the state of the state of 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 Former 990 or 990-E27 If "Yes," complete Schedule L, Part I. 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? If "Yes," complete Schedule L, Part II. 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, director, trustee, set any employees, auctionation or former officer, a grant selection committee embens, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. Did the organization and the total basiness transaction with one of the following parties (see Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. Part IV. An entity of which a current or former officer,		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		Yes	
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I 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 990-627 if "Yes," complete Schedule I, Part I is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction was not been reported on any of the organization's prior Forms 990 or 990-627 if "Yes," complete Schedule I, Part II is the organization aware that it engaged in an excess benefit transaction's prior Forms 990 or 990-627 if "Yes," complete Schedule I, Part II is the organization aware that it engaged in an excess benefit transaction's prior Forms 990 or 990-627 if "Yes," complete Schedule I, Part II is the organization reported or other assistance to an officer, director, trustee, exceptions): 25b If "Yes," complete Schedule I, Part II is the organization organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV is a turned or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is the organization receive more than 25,000 in non-cash contributions? If "Yes," compl			24a		No
to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations' prior forms 990 or 990-E1? 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 organizations' prior forms 990 or 990-E1? 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 organizations' prior forms 990 or 990-E1? If "Yes," complete Schedule I, Part I in the organization proof any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, tirstees, key employees, published to any current or former officers, tirstees, key employees, published persons? If "Yes," complete Schedule I, Part II in the organization proof any of these persons? If "Yes," complete Schedule I, Part IV in the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV in the organization and prior of any of these persons? If "Yes," complete Schedule I, Part IV in the organization or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV in the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization organiz		Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I., Part I I. 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-E2? If "Yes," complete Schedule I., Part I I. Did the organization report and agrant or other assistance to an officer, director, trustee, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I., Part II I. Was 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? If "Yes," complete Schedule I., Part III I. Was the organization a party to a business transaction with one of the following parties (see Schedule I., Part III I. Was the organization a party to a business transaction with one of the following parties (see Schedule I., Part IV I. 28b		Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 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 renormal organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 28a		Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I. 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? If "Yes," complete Schedule L, Part II. Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committine emember, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of 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? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization individate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than \$25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 310.17701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section \$01(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related o					N-
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II . 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? If "Yes," complete Schedule L, Part II . 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M . Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . 31			25b		N-
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. 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): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			26		N-
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 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? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, or IV, and Part V, line 1 If Yes it o line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization. Profess Chedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization or federal income tax purposes? If "Yes," complete Schedule R, Part V, line 1 Job did the organization complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organizat			27		N
A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. 28b 1 28c 1 29c 1 30c 1 31c 1 3		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):			
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? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI lines 11b and 19? Note. All Form 900 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		l N
officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 30.1.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.		A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		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? If "Yes," complete Schedule L, Part IV	28c		N
contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N
If "Yes," complete Schedule N, Part II		Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		N
33 Sample of the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Section 512(b)(13)? 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)? Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O			32		N
Did the organization have a controlled entity within the meaning of section 512(b)(13)? If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			33		N
If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		N
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		N
organization? If "Yes," complete Schedule R, Part V, line 2		If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O			36		
All Form 990 filers are required to complete Schedule O		is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N
Check if Schedule O contains a response or note to any line in this Part V			38	Yes	
	ar	Statements Regarding Other IRS Filings and Tax Compliance			_
		Check if Schedule O contains a response or note to any line in this Part V			므

 ${\bf b} \quad \hbox{Enter the number of Forms W-2G included in line 1a.} \textit{Enter -0-} \ \hbox{if not applicable} \quad .$

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

	The read of the 15 reported of the 24, and the organization me an required read of the tax readily.		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		l
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No

D	If fes, has it filed a form 990-1 for this year? If No to line 3b, provide an explanation in Schedule O	ן טכן	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: ▶		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were		

	See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No

		30	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as		

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans

b Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Sponsoring organizations maintaining donor advised funds.

Section 501(c)(7) organizations. Enter:

11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders . .

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O.

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .

Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

7g

7h

8

9a

9h

12a

13a

14a

14b

15

No

Nο

Form 990 (2018)

10a

10b

11a

11b

12b

13b

13c

OHH	990 (2016)			Page					
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" respo	onse to	lines √					
Se	ction A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 15								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No					
6	Did the organization have members or stockholders?	6	Yes						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O								
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)						
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		No					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14	Yes						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Yes						
b	Other officers or key employees of the organization	15b	Yes						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No					
b									
	status with respect to such arrangements?	16b							
	ction C. Disclosure								
17	List the States with which a copy of this Form 990 is required to be filed▶								
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records: NATIONAL COUNCIL OF STATE HOUSING AGENCIES 444 N CAPITOL ST NW 438 WASHINGTON, DC 20001 (202) 624	-7710							

BOARD MEMBER

DIRECTOR, HOUSING ADVOCACY & STRATEGIC

(16) STOCKTON WILLIAMS

EXECUTIVE DIRECTOR

INTITIATIVE

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

40.00

40.00

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organization and any related organizations.	romi w-z anu/	OI BOX	/ UI I	OIII	1 10	נויו-ככ	(3C)	of filore trial \$100	,,000 Iroin the	
 List all of the organization's former officers, of reportable compensation from the organization 						sated	em	ployees who receive	ed more than \$100	0,000
 List all of the organization's former director organization, more than \$10,000 of reportable control 										
List persons in the following order: individual true compensated employees; and former such perso		rs; insti	tutio	nal t	rust	ees;	offic	ers; key employees	s; highest	
\square Check this box if neither the organization no	r any related or	rganizat	ion c	omp	ens	ated a	any (current officer, dire	ctor, or trustee.	
(A) Name and Title	(B) Average hours per week (list any hours for related	pers	an on on is	e bo both	t cho x, u n an	eck m inless office ustee	er	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) TIA BOATMAN PATTERSON BOARD CHAIR	5.00	Х		x				0	0	0
(2) SCOTT SPIVEY VICE CHAIR	3.00	х		х				0	0	0
(3) MARGARET SALAZAR SECRETARY/TREASURER	3.00	Х		x				0	0	0
(4) GRANT S WHITAKER PAST BOARD CHAIR	3.00	Х						0	0	0
(5) ANAS BEN ADDI AT LARGE EXEC COMM	1.00	Х						0	0	0
(6) DEAN J CHRISTON BOARD MEMBER	1.00	х						0	0	0
(7) AUDRA HAMERNIK BOARD MEMBER	1.00	х						0	0	0
(8) KIM HERMAN BOARD MEMBER	1.00	х						0	0	0
(9) BRIAN A HUDSON BOARD MEMBER	1.00	х						0	0	0
(10) GERALD M HUNTER BOARD MEMBER	1.00	Х						0	0	0
(11) EDWIN KING BOARD MEMBER	1.00	Х						0	0	0
(12) MARK LAUSENG BOARD MEMBER	1.00	х						0	0	0
(13) TODD LEE BOARD MEMBER	1.00	х						0	0	0
(14) JACOB SIPE BOARD MEMBER	1.00	Х						0	0	0
(15) CRIS A WHITE	1.00	Х						0	0	0

0

63,351

0

290,441

374,550

compensation from the organization ▶ 0

Part VII

Page 8

ı aı	TVI Section A. Officers, Directors	,	-,	p.0,		,	9	,		'p.c	1	<i>,,,</i>	
	(A) Name and Title	(B) Average hours per week (list any hours	than d	ne b	ox, ι n of	t che unles ficer	and a	son	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations		Estimated amount of other compensation from the organization and	
		for related organizations below dotted line)	Individual truste or director	Institutional Truste	Officer	Key employee	Highest compens employee	Former	2/1099-MISC)	(W- 2/1099- MISC)		organizat relat organiza	ed
			ëë	ustee			insated						
	(EVIN BURKE	40.00					Х		222,75	7	0		49,873
	ETOR OF FINANCE AND OPERATIONS ENNIFER SCHWARTZ							Н			+		
	CTOR OF TAX AND HOUSING ADVOCACY	40.00					Х		169,834	1	0		45,132
	AMES TASSOS TY DIRECTOR, TAX POLICY & STRATEGIC	30.00					х		164,353	3	0		30,469
(21) L	ISA BOWMAN	40.00					X		159,880		0		29,145
	CTOR OF MARKETING & COMMUNICATIONS MAURY EDWARDS	40.00							,		+		
	CTOR OF MEETINGS						Х		132,974	1	이		27,912
	BARBARA THOMPSON	40.00									+		
	ER EXECUTIVE DIRECTOR	40.00						X	454,50!	5	0 24,50		24,500
TOKIN	IN EXECUTIVE DIRECTOR										+		
											+		
1b S	Sub-Total					•	-			1			
	Total from continuation sheets to Part V	•				•	• 🗀						
_ d 1	otal (add lines 1b and 1c)				1		•		1,969,294	0			270,382
2	Total number of individuals (including but of reportable compensation from the orga		those li	sted a	abov	/e) v	vho re	ceive	ed more than \$10	0,000			
												Yes	No No
3	Did the organization list any former office	er, director or t	rustee	kev e	-mp	love	e.orh	iahe	est compensated e	mplovee on F		1 1	
	line 1a? If "Yes," complete Schedule J for			•		,	•	•			3	Yes	
4	For any individual listed on line 1a, is the organization and related organizations gre									the			
	individual		•	• •	•	•	•	•		· · · L	4	Yes	
5	Did any person listed on line 1a receive o services rendered to the organization? If "				,			_	•		5		No
Se	ction B. Independent Contractors	1											
1	•												
		(A) ousiness address							Descri	(B) otion of services		(C) Compen	
											Ţ		

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Part		Statement of	Povonuo									Page 9
Part	VI	Check if Schedule		a resno	onse or note to a	ny line in th	nis Part VIII					🗆
		Check ii Schedul	e o contains t	и гезре	or note to a	(4	A) evenue	Rel e> fu	(B) ated or kempt nction	Unre bus	C) elated iness enue	(D) Revenue excluded from tax under sections
	1	a Federated campaign	ns	1a				re	venue			512 - 514
ats a					<u> </u>	-						
ran		b Membership dues .		1 b	<u> </u>	_						
š, G A		c Fundraising events		1c	1	-						
ifts ar		d Related organization		1d		_						
3.E		e Government grants (co		1e		_						
Contributions, Gifts, Grants and Other Similar Amounts		f All other contributions, and similar amounts no	gifts, grants, ot included	1f								
be E		above				=						
들		g Noncash contribution in lines 1a - 1f:\$	ns included									
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-	1f		🕨							
					Busine	ss Code						
E E	2:	MEMBERSHIP DUES				531390	2,5	68,105	2,56	8,105		
ex ex	ı	CONFERENCES AND WO	RKSH			531390	2,5	35,052	2,53	5,052		
Program Service Revenue		PUBLICATIONS INCOME				511190		13,564	1	3,564		
ž						311190						
ď	•											
grar	4	· All other program sei										
Ě		, -			!	5,116,721						
		Total. Add lines 2a-2										
		Investment income (in similar amounts)			interest, and othe	▶	325,032	2				325,032
		Income from investme				•						
	5	Royalties			ı	•						
	ے.	a Gross rents	(i) Real		(ii) Personal							
	0,	a Gross rents										
		b Less: rental expenses										
		c Rental income or										
		(loss)										
		d Net rental income or		•								
	٦.	Gross amount	(i) Securit	ies	(ii) Other							
	,	from sales of assets other		559								
		than inventory										
		b Less: cost or other basis and										
		sales expenses		0								
		C Gain or (loss) d Net gain or (loss) .		559			559		559			
		Gross income from fu			<u> </u>	•		1		1		
<u>a</u>		(not including \$		of								
듄		contributions reporte See Part IV, line 18										
اچ		b Less: direct expenses		b								
-		c Net income or (loss)		ing ev	ents							
Other Revenue	9	Gross income from g See Part IV, line 19	aming activiti	es.								
		See Part IV, line 19		а								
		b Less: direct expenses	s	b								
		c Net income or (loss)	from gaming	activit	ies >							
	10	aGross sales of invent returns and allowance										
		returns and anowanc	es	a	}							
		b Less: cost of goods s	old	b								
		Net income or (loss)	from sales of	invent	cory >							
		Miscellaneous	Revenue		Business Code							
	1:	1a										
		b										
		c										
		A All III										
		d All other revenue . e Total. Add lines 11a			•			-				
					•			1				
	1	2 Total revenue. See	instructions.	• •	· · · •		5,442,312	2	5,117,280		0	325,032

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns. All other orga	nizations must comp	lete column (A).	
Check if Schedule O contains a response or note to any	line in this Part IX .			<u> 🗆 </u>
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) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	3,416,203	2,664,194	752,009	
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	126,742	66,079	60,663	
12 Advertising and promotion				
13 Office expenses	24,296	17,767	6,529	
14 Information technology	143,398	111,832	31,566	
15 Royalties				
16 Occupancy	418,088	326,054	92,034	
17 Travel	52,903	35,443	17,460	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,223,226	1,223,226		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	61,696	48,115	13,581	
23 Insurance	17,524	13,666	3,858	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBT	26,859	0	26,859	
b SUBSCRIPTIONS	20,312	15,841	4,471	
c COMMERCIAL PRINTING AND	15,499	11,010	4,489	
d TELEPHONE	14,293	11,147	3,146	
e All other expenses	19,018	14,832	4,186	
25 Total functional expenses. Add lines 1 through 24e	5,580,057	4,559,206	1,020,851	0
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2018)

11

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17

18

19

20

21

23

24

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29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Beginning of year End of year 212,316 1 Cash-non-interest-bearing . Savings and temporary cash investments . . . 15,532,381 2

Page **11**

261,061

155,580

295,759

568.527

17.226.904

829.564

592,390

556.914

1.978.868

15.248.036

15,248,036

17,226,904

Form **990** (2018)

(B)

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9

10c

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14

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17 18

19

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21

22 23

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25

26

27 28

29

30

31 32

33

34

129.943

256,086

540.901

16.848.977

902,103

298.140

532.971

1.733.214

15.115.763

15,115,763

16.848.977

2 15,919,455 3 3 Pledges and grants receivable, net . . 177,350 4 26,522 Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5

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 . Assets Notes and loans receivable, net . Inventories for sale or use .

10a

10b

Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other

basis. Complete Part VI of Schedule D

Investments—publicly traded securities .

Investments—other securities. See Part IV, line 11 .

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

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

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

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

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

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related. See Part IV, line 11

Less: accumulated depreciation

Intangible assets

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Grants payable . .

Other assets. See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons. Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24).

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

672,828

377,069

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Nο

Form 990 (2018)

3h

Additional Data

EIN: 52-1047451 Name: NATIONAL COUNCIL OF STATE HOUSING

Software ID: Software Version:

AGENCIES

Form 990 (2018)

Form 990, Part III, Line 4a:

CONFERENCES, SEMINARS, AND WORKSHOPS CONDUCTED FOR THE BENEFIT OF MEMBERS.

Form 990, Part III, Line 4b:

BUSINESS ISSUE SUPPORT.

REPORTING ON AND WORKING TO INFLUENCE LEGISLATION, REGULATION, AND HFA PARTNERSHIP OPPORTUNITIES THAT STRENGTHEN THE AGENCIES' CAPACITIES TO MEET THEIR STATES' LOW- AND MODERATE- INCOME AFFORDABLE HOUSING NEEDS INCLUDING LEGISLATIVE ANALYSIS AND ADVOCACY AND HEA PROGRAMMATIC AND

Form 990, Part III, Line 4c: PROMOTING NCSHA ACTIVITIES AND HFA ACCOMPLISHMENTS THROUGH NCSHA WEBSITE, GENERAL MARKETING, ANNUAL AWARDS PROGRAM, AND SPECIAL PUBLICATIONS.

SCHEDULE C (Form 990 or 990-

EZ)

Political Campaign and Lobbying Activities

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

DLN: 93493197059490

OMB No. 1545-004

Open to Public Inspection

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-B.

the Prox	e organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instruction sy Tax) (see separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III.				
NAT	ne of the organization IONAL COUNCIL OF STATE HOUSING NCIES	Employe 52-10474		cation num	ıber
Par	t I-A Complete if the organization is exempt under section 501(c) or is a section	on 527 or	rganizat	ion.	
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV ("political campaign activities")	see instruc	tions for	definition of	
2	Political campaign activity expenditures (see instructions)	1	> \$_		
3	Volunteer hours for political campaign activities (see instructions)				
Par	Complete if the organization is exempt under section $501(c)(3)$.				
1	Enter the amount of any excise tax incurred by the organization under section 4955		> \$_		
2	Enter the amount of any excise tax incurred by organization managers under section 4955		> \$_		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	□ No
4a	Was a correction made?			☐ Yes	□ No
b	If "Yes," describe in Part IV.				
Pari	t I-C Complete if the organization is exempt under section 501(c), except sect	ion 501(c)(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function activity	ies 🕨	\$_		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 function activities		· \$_		
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b		\$ _		

Did the filing organization file Form 1120-POL for this year?

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures Page **2**

Δ.	Check if the filing organization belongs to expenses, and share of excess lob			in Part IV each a	affiliated gr	oup me	mber's name,	address, EIN,
В	Check ▶ ☐ if the filing organization checked	box A and "lir	mited control" p	rovisions apply.				
	Limits on Lobby			rred.)			a) Filing anization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public	opinion (grass	roots lobbying)				
b	Total lobbying expenditures to influence a legisl	lative body (di	irect lobbying) .					
c	Total lobbying expenditures (add lines 1a and 1	b)						
d	Other exempt purpose expenditures							
е	Total exempt purpose expenditures (add lines 1	1c and 1d)						
f	Lobbying nontaxable amount. Enter the amount columns.	t from the foll	owing table in b	oth				
	If the amount on line 1e, column (a) or (b)) is: The lob	bying nontaxa	able amount is:				
	Not over \$500,000	20% of th	ne amount on line	1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000	plus 15% of the	excess over \$500,00	0.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000	plus 10% of the	excess over \$1,000,	000.			
	Over \$1,500,000 but not over \$17,000,000		•	cess over \$1,500,0				
	Over \$17,000,000	\$1,000,0	·					
	0701 \$17,000,000	\$1,000,0						
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)			[
h		-			ŀ			
i					l			
j	If there is an amount other than zero on either section 4911 tax for this year?	line 1h or line	1i, did the orga	anization file Forn		_		☐ Yes ☐ No
	(Some organizations that mad columns below. S	de a section See the sep	501(h) elec arate instruc	ctions for lines	ave to co s 2a thro	ugh 2		five
	Lobbying	Expenditur	es During 4-	Year Averagii	ng Perio	<u> </u>		
	Calendar year (or fiscal year beginning in)		(a) 2015	(b) 2016	(c) 20	17	(d) 2018	(e) Total
2a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column(e))							
С	Total lobbying expenditures							
d	Grassroots poptaxable amount							

activity.

1

1

2

1

3

Part III-B

Part IV

Return Reference

answered "Yes."

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

Supplemental Information

(b)

Amount

Yes

1

2

2a

2b

2c

3

4

5

Schedule C (Form 990 or 990EZ) 2018

No

Nο

No

No

2,568,105

344,052

344,052

385.216

-41,164

(a)

No

Yes

including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?

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

During the year, did the filing organization attempt to influence foreign, national, state or local legislation.

Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

Were substantially all (90% or more) dues received nondeductible by members?

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

Dues, assessments and similar amounts from members

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

Current vear

Carryover from last year Total

If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

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

Taxable amount of lobbying and political expenditures (see instructions)

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

Did the organization agree to carry over lobbying and political expenditures from the prior year?

2a If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6).

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)

and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

Supplemental Financial Statements

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

OMB No. 1545-0047

DLN: 93493197059490

Internal Revenue Service

(Form 990)

Open to Public Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** NATIONAL COUNCIL OF STATE HOUSING **AGENCIES** 52-1047451 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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 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 ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 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 Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. 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. 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: 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:

Pari	<u> </u>	Organizations Ma	aintaining Coll	ections of	Art, Hist	orical 1	rea	sures, o	r Other	· Similar A	ssets (cont	inued)	
3		the organization's acq (check all that apply):		, and other re	ecords, che	ck any o	f the	following	that are	a significant ı	use of its col	ection	
а		Public exhibition			(d 🗌	Lo	an or exch	ange pro	grams			
b		Scholarly research			•	e 🗌	Otl	her					
c		Preservation for future	e generations										
4	Provide Part	de a description of the		ections and e	xplain how	they fur	her	the organi	zation's e	exempt purpo	se in		
5	Durin	ig the year, did the org is to be sold to raise fur									☐ Yes	□ N	lo
Par	t IV	Escrow and Cust Complete if the ord X, line 21.			on Form 9	190, Par	t IV,	, line 9, o	or report	ed an amou	unt on Forn	າ 990,	Part
1a		e organization an agent ded on Form 990, Part									Yes	□ N	lo
b	If "Y∈	es," explain the arrange	ement in Part XIII	and complete	the follow	ina table	:			Α	mount		_
С		nning balance		•		-			1c				_
d	Addit	ions during the year .							1d				
е	Distri	butions during the year	r						1e				_
f	Endin	ng balance							1f				_
2a	Did th	he organization include	an amount on For	m 990. Part)	X. line 21. f	for escro	w or	custodial a	account l	iability?	☐ Yes	N	— In
		es," explain the arrange								•	_		
	rt V	Endowment Fund											
				(a)Current y		b) Prior ye			ears back			our yea	rs back
1a	Beginn	ing of year balance .	[
b	Contrib	outions											
c	Net inv	estment earnings, gair	ns, and losses										
d	Grants	or scholarships											
		expenditures for facilition	es										
f	Admini	istrative expenses .	[
g	End of	year balance	[
2 a		de the estimated perce d designated or quasi-e			alance (line	e 1g, col	ımn	(a)) held a	as:				
b		anent endowment >											
	Temp	 oorarily restricted endov	wment >										
·		percentages on lines 2a	***************************************		, o.								
3a		here endowment funds	not in the possess	sion of the org	ganization t	that are	neld	and admin	istered f	or the			
	-	nization by:									2 (1)	Yes	No
	• •	nrelated organizations					•				3a(i) 3a(ii)		
b	• •	elated organizations . es" on 3a(ii), are the rel		· · · · · · · · · · · · · · · · · · ·	 Juired on S	 chedule	22				3a(11)		
4		ribe in Part XIII the inte	-		•								<u> </u>
Par	t VI												
		Complete if the or											
	Descri	iption of property	(a) Cost or othe (investmer		b) Cost or ot	ner basis	(otne	r) (c) Acc	cumulated	depreciation	(a) B	ook valu	e
1 a	Land												
b	Buildin	gs											
c	Leaseh	old improvements		124,324						76,410			47,914
d	Equipn	nent		396,060						263,764			132,296
е	Other			152,444						36,895			115,549

Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) .

Part VII	Investments—Other Securities. Complete if the				
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		hod of valuation: of-year market value
	al derivatives				
A)					
В)					
C)					
D)					
E)					
F)					
G)					
H)					
	nn (b) must equal Form 990, Part X, col. (B) line 12.)	•			
Part VIII	Complete if the organization answered 'Yes' on Fo				
	(a) Description of investment	(b) Bo	ook value		hod of valuation: of-year market value
1)					
2)					
3)					
4)					
5)					
6)					
7)					
(7) (8) (9)					
9)	on (b) must equal Form 990, Part X, col.(B) line 13.)	>			
8) 9) Total. (Colum	on (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets. Complete if the organization answered (a) Description	Yes' on Form	n 990, Part I\	/, line 11d. See Forn	n 990, Part X, line 15. (b) Book value
8) 9) Total. (Column	Other Assets. Complete if the organization answered	Yes' on Form	m 990, Part I\	/, line 11d. See Forn	
8) 9) Fotal. (Column Part IX	Other Assets. Complete if the organization answered	Yes' on Form	m 990, Part I\	/, line 11d. See Forn	
8) 9) Fotal. (Column Part IX 1) 2)	Other Assets. Complete if the organization answered	Yes' on Fore	n 990, Part I\	/, line 11d. See Forn	
8) 9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered	Yes' on Fore	m 990, Part I\	/, line 11d. See Forn	
8) 9) Fotal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered	Yes' on Form	m 990, Part I\	/, line 11d. See Forn	
8) 9) otal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered	Yes' on Form	n 990, Part I\	/, line 11d. See Forn	
8) 9) Fotal. (Column Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered	Yes' on Form	m 990, Part I\	/, line 11d. See Forn	
8) 9) Part IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered	Yes' on Form	m 990, Part I\	/, line 11d. See Forn	
8) 9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered	Yes' on Form	m 990, Part I\	/, line 11d. See Forn	
8) 9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered (a) Description (a) Description Imm (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization and See Form 990, Part X, line 25.		es' on Form		(b) Book value
8) 9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description (a) Description Imm (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization and See Form 990, Part X, line 25. (a) Description of liability				(b) Book value
8) 9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal	Other Assets. Complete if the organization answered (a) Description (a) Description Imm (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization and See Form 990, Part X, line 25.		es' on Form		(b) Book value
8) 9) Fotal. (Column 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal DEFERRED (DEFERRED (Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization and See Form 990, Part X, line 25. (a) Description of liability income taxes COMPENSATION PAYABLE		es' on Form	990, Part IV, line	(b) Book value
8) 9) Fotal. (Column 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal 1) Federal 1) EFFERRED (DEFERRED (3)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization and See Form 990, Part X, line 25. (a) Description of liability income taxes COMPENSATION PAYABLE		es' on Form	990, Part IV, line	(b) Book value
8) 9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal DEFERRED (DEFERRED (DEFER	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization and See Form 990, Part X, line 25. (a) Description of liability income taxes COMPENSATION PAYABLE		es' on Form	990, Part IV, line	(b) Book value
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8) 9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal DEFERRED (DEFERRED (3) 4) 5) 6)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization and See Form 990, Part X, line 25. (a) Description of liability income taxes COMPENSATION PAYABLE		es' on Form	990, Part IV, line	(b) Book value
8) 9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal DEFERRED (DEFERRED (3) 4) 5) 6)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization and See Form 990, Part X, line 25. (a) Description of liability income taxes COMPENSATION PAYABLE		es' on Form	990, Part IV, line	(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Column Part X 1. 1) Federal	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization and See Form 990, Part X, line 25. (a) Description of liability income taxes COMPENSATION PAYABLE		es' on Form	990, Part IV, line	(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) Fotal. (Column Part X L. 1) Federal DEFERRED (DEFERRED (3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization and See Form 990, Part X, line 25. (a) Description of liability income taxes COMPENSATION PAYABLE		es' on Form	990, Part IV, line	(b) Book value

Page 4

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Subtract line 2e from line 1 3 5,580,057 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b b

Add lines **4a** and **4b** 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 5.580.057 Supplemental Information

Part XIII 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

Page 5		chedule D (Form 990) 2018			
	ormation (continued)	Part XIII Supplemental Info			
	Explanation	Return Reference			

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 52-1047451

Name: NATIONAL COUNCIL OF STATE HOUSING AGENCIES

Supplemental Information

PART X. LINE 2:

Return Reference

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE NCSHA TO EVALUATE TAX POSITIONS TAKEN AND RECOGNIZE A TAX LIABILITY IF IT IS MORE LIKELY THAN NOT T HAT UNCERTAIN TAX POSITIONS TAKEN WOULD NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHOR ITIES. NCSHA HAS ANALYZED TAX POSITIONS TAKEN AND HAS CONCLUDED THAT, AS OF AND FOR THE YE ARS ENDED JUNE 30, 2019 AND 2018, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED T O BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL ST ATEMENTS. NCSHA'S POLICY IS TO CHARGE PENALTIES AND INTEREST TO INCOME TAX EXPENSE AS INCU RRED. NCSHA IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRE NTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. NCSHA'S TAX RETURNS ARE SUBJECT TO EXAMINA TION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR A PERIOD OF THREE YEARS AFTER THE RETU RNS ARE FILED.

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934	19319	7059	490
Sch	edule J	C	ompensati	on Information	40	1B No.	1545-0	0047
(Forr	n 990)	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.						3
•	partment of the Treasury ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. O							
Nar	ne of the organiza				Employer identificat		ectio ımber	
	TONAL COUNCIL OF NCIES	STATE HOUSING			52-1047451			
Pa	rt I Questi	ons Regarding Compensa	ition					
							Yes	No
1a				the following to or for a person listed y relevant information regarding thes				
		s or charter travel		Housing allowance or residence for p				
	_	companions	님	Payments for business use of person				
		nification and gross-up payment	is 📙	Health or social club dues or initiation				
	☐ Discretion	nary spending account		Personal services (e.g., maid, chauf	reur, cner)			
b		xes in line 1a are checked, did t all of the expenses described ab		ollow a written policy regarding paym plete Part III to explain	ent or reimbursement	1b		
2				or allowing expenses incurred by all	1-2	2	Yes	
	directors, truste	es, officers, including the CEO/I	executive Director	r, regarding the items checked in line	lar			
3	organization's C	EO/Éxecutive Director. Check a	ll that apply. Do n	d to establish the compensation of th not check any boxes for methods CEO/Executive Director, but explain i				
	, 	-						
		ation committee ent compensation consultant	⊻	Written employment contract Compensation survey or study				
		of other organizations	7	Approval by the board or compensa:	tion committee			
_		-						
4	related organiza		990, Part VII, Sec	ction A, line 1a, with respect to the fi	ling organization or a			
а	Receive a sever	ance payment or change-of-con	itrol payment? .			4a		No
b		• •		ified retirement plan?		4b	Yes	
c				nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	licable amounts for each item in Part	III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9				
5			-	the organization pay or accrue any				
		ontingent on the revenues of:		,				
а	The organization	1?				5a		No
b						5b		No
	,	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section Ontingent on the net earnings o		the organization pay or accrue any				
а	-	1?				6a		No
b						6b		No
_	•	6a or 6b, describe in Part III.						
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixed rt III		7		No
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de		8		No
9	If "Yes" on line	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		INO
For F	Panerwork Redu	ction Act Notice, see the Ins	structions for Fo	orm 990. Cat. No. 5	0053T Schedule J		1 990)	2018

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

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MISC	${\mathcal Z}$ compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 STOCKTON WILLIAMS EXECUTIVE DIRECTOR		289,869	512	60	0	0	290,441	0
	(ii)	0	0	0	0	0	0	0
2 GARTH RIEMAN DIRECTOR, HOUSING	(i)	350,925	23,367	258	33,750	29,601	437,901	0
ADVOCACY & STRATEG	(ii)	0	0	0	0	0	0	0
3 KEVIN BURKE DIRECTOR OF FINANCE AND	(i)	203,921	14,517	4,319	27,292	22,581	272,630	0
OPERATIONS	(ii)	0	0	0	0	0	0	0
4 JENNIFER SCHWARTZ DIRECTOR OF TAX AND	(i)	169,327	507	0	20,645	24,487	214,966	0
HOUSING ADVOCACY	(ii)	0	0	0	0	0	0	0
5 JAMES TASSOS DEPUTY DIRECTOR, TAX	(i)	163,846	507	0	19,340	11,129	194,822	0
POLICY & STRATE	(ii)	0	0	0	0	0	0	0
6 LISA BOWMAN DIRECTOR OF MARKETING &	(i)	149,885	9,857	138	18,426	10,719	189,025	0
COMMUNICATIO	(ii)	0	0	0	0	0	0	0
7 MAURY EDWARDS DIRECTOR OF MEETINGS	(i)	123,755	9,081	138	16,385	11,527	160,886	0
DIRECTOR OF FILL IN 33	(ii)	0	0	0	0	0	0	0
8 BARBARA THOMPSON FORMER EXECUTIVE	(i)	246,000	35,533	172,972	24,500	0	479,005	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
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Schedule J (Form 990) 2018	Page 3								
Part III Supplemental Inform	rt 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 4B	BARBARA J. THOMPSON, FORMER EXECUTIVE DIRECTOR, PARTICIPATED IN A SECTION 457 PLAN, CONTRIBUTING \$24,500.								

I (Form 990) 2018

efile GRAPH	IC print - DC	NOT PROCESS	As Filed Data -		DLN:	93493197059490
SCHEDUL	E O	Supplement	al Informatio	on to Form 990 or 9	90-EZ	OMB No. 1545-0047
(Form 990 or 990- EZ) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.						2018
Department of the T	reasury	► Go to <u>v</u>		n 990 or 990-EZ. <u>90</u> for the latest information.	1	Open to Public Inspection
Namel Brthขอโฐ NATIONAL COUNC AGENCIES		ing			Employer identi 52-1047451	fication number
990 Schedule	e O, Supplem	nental Informatio	n			
Return Reference				Explanation		
FORM 990, PART VI, SECTION A, LINE 6						

Return Explanation
Reference

FORM 990, PART VI, AND THE BOARD OF DIRECTORS) IS MADE UP OF AND ELECTED BY HFA MEMBERS, AND THE BOARD OF DIRECTORS IS LIMITED TO INDIVIDUALS CURRENTLY SERVING AS EXECUTIVE DIRECT ORS, CHIEF OPERATING OFFICERS, OR EQUIVALENT POSITIONS OF HFA MEMBERS.

Return Explanation
Reference

FORM 990, IT IS THE ORGANIZATION'S POLICY TO HAVE THE EXECUTIVE DIRECTOR AND DIRECTOR OF FINANCE AND OPERATIONS REVIEW IN DETAIL THE FORM 990 PRIOR TO FILING, PROVIDING EDITS AND CLARIFICATI ONS TO THE TAX PREPARER.

LINE 11B

Return Explanation
Reference

FORM 990,	ALL THOSE SUBJECT TO THE ORGANIZATION'S ETHICS AND CONFLICT OF INTEREST POLICY MUST SUBMIT
PART VI,	THE POLICY ACKNOWLEDGEMENT AND DISCLOSURE FORMS TO THE ORGANIZATION'S EXECUTIVE COMMITTEE
SECTION B,	ANNUALLY FOR REVIEW.
LINE 12C	

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S EXECUTIVE COMMITTEE SETS THE EXECUTIVE DIRECTOR'S SALARY AND COMPENSATI ON AFTER EVALUATING ANNUAL PERFORMANCE AND REVIEWING COMPENSATION SURVEY INFORMATION FROM LIKE-KIND ORGANIZATIONS PROVIDED BY AN OUTSIDE CONSULTANT. FORM 990, PART VI, SECTION B, L INE 15B: THE ORGANIZATION RETAINED AN OUTSIDE COMPENSATION EXPERT TO DEVELOP A CLEAR, COMP REHENSIVE, AND MARKET-DRIVEN COMPENSATION STRUCTURE, CONSISTENT WITH BEST PRACTICE IN THE NONPROFIT ASSOCIATIONS FOR ALL OF ITS EMPLOYEES. ANNUALLY, THIS EXPERT EVALUATES EACH POSI TION AGAINST THE MOST RECENT MARKET DATA IT TRACKS AND ACQUIRES FROM OTHER COMPENSATION SU RVEYS AND ADJUSTS THE SALARY RANGES TO REFLECT ANY MOVEMENT IN THE MARKET. THE ORGANIZATIO N'S EXECUTIVE DIRECTOR ALONG WITH THE DIRECTOR OF FINANCE AND OPERATIONS USES THIS INFORMA TION TO DETERMINE INDIVIDUAL EMPLOYEE COMPENSATION LEVELS.

Return Explanation

FORM 990, THE ORGANIZATION DOES NOT TYPICALLY MAKE THESE DOCUMENTS AVAILABLE TO THE PUBLIC.
PART VI,
SECTION C,
LINE 19

Return Explanation
Reference

FORM 990, PART XII, LINE 2C: