Forn	,99		ode (exc	ept private foundat	OMB No 1545-0047				
		The Treasury  Do not enter social security numbers on this form as  Go to www.irs.gov/Form990 for instructions and the			Open to Public Inspection				
		2017 calendar year, or tax year beginning OCT 1, 2017 and end		EP 30, 201					
	heck if	C Name of organization		D Employer identi					
	plicable	INSTITUTE FOR RESPONSIBLE							
	Addres	S TIOUGING PRECEDINATION							
$\vdash$	Name change			52-	1653533				
Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number									
Final 799 9TH STREET, NW 500 (202)737-0019									
	termin- ated			G Gross receipts \$	708,392.				
	Ameno return	WASHINGTON, DC 20001		H(a) is this a group	return				
	Application			for subordinate	es? Yes X No				
	pendin	9 799 9TH STREET, NW SUITE 500, WASHINGTON	DO V	H(b) Are all subordinates	s included? Yes No				
I T	ax-exe	mpt status: 501(c)(3)X 501(c) ( 0 6 ) ◀ (insert no.) 4947(a)(1) or	527	If "No," attach	a list. (see instructions)				
J V	/ebsit	e: WWW.HOUSINGPRESERVATION.ORG	$\overline{}$	H(c) Group exempt	ion number				
K F	orm of	organization: Corporation Trust X Association Other	L Year	of formation: 1989	M State of legal domicile: DC				
Pa	rt I	Summary		·					
ا به	1	Briefly describe the organization's mission or most significant activities: ${ extbf{TO}}^{ extbf{t}}$ PRE	ESERV	E SUBSIDIZ	ED HOUSING				
Ě		FOR LOW INCOME USE; PROVIDED MEMEBERS WITH	H EDU	CATIONAL A	ND				
Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed	d.of.more	than 25% of its net					
ŏ		Number of voting members of the governing body (Part VI, line 1a)	ECF	IVED	20				
8	4	Number of independent voting members of the governing body (Part VI, line 1b)							
Activities &	5	Number of independent voting members of the governing body (Part VI, line 1b)  Total number of individuals employed in calendar year 2017 (Part V, line 22)  Total number of volunteers (estimate if necessary)	CT 2	5 2018					
<u> </u>	6	Total number of volunteers (estimate if necessary)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2010 0					
P ct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	000						
$\perp$	b	Net unrelated business taxable income from Form 990-T, line 34	GDE	N, UT   171					
				Prior Year J	Current Year				
ē.		Contributions and grants (Part VIII, line 1h)	-	0					
Revenue		Program service revenue (Part VIII, line 2g)	<u> </u>	300,143					
Ř		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		40					
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	240,515					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<u>540,698</u> 0					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	_	0					
		Benefits paid to or for members (Part IX, column (A), line 4)	-	95,124					
ses	l .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	95,124					
Expen		Professional fundraising fees (Part IX, column (A), line 11e)	o. 🗀		• • • •				
EX		· · · · · · · · · · · · · · · · · · ·	<del>-</del>	439,558	577,740.				
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	534,682					
		Revenue less expenses. Subtract line 18 from line 12		6,016					
es	19	nevertue less experises. Subtract line 10 front line 12	Re	ginning of Current Yea					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	50	241,530					
Ass		Total liabilities (Part X, line 26)	• -	0					
Net		Net assets or fund balances. Subtract line 21 from line 20	· ·	241,530	***************************************				
	rt II	Signature Block							
Unde	er pena	Ities of perjury, I destare that I have examined this return, including accompanying schedules ar	and statem	ents, and to the best of	my knowledge and belief, it is				
		t, and complete. Declaration of creparer (other than officer) is based on all information of which							
		- Challer			218				
Sign	1	Signature of officer		Date					
Her		EXECUTIVE DIRECTOR LINDA KIRK							
		Type or print name and title							
		Print/Type preparer's name Preparer's signate		Date Check	X PTIN				
Paid	Paid HARRY C BALLMAN, MBA, CPA AM COM Self-employed P00039434								
	arer	Firm's name HARRY C BALLMAN MBA CDA	5.7	Firm's EIN					
-	Only	Firm's address 773 ROBIN HOOD HILL	7						
	•	SHERWOOD FOREST, MD 21405-2021		Phone no. 2	02 288-6503				
Mav	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
					5 000 (2247)				

Form	1990 (2017) HOUSING PRESER			<u>52-1653533</u>	Page <b>2</b>
Pa	rt III Statement of Program Service Acco	mplishments			
	Check if Schedule O contains a response or not	e to any line in this Part III	<u></u>		
1	Briefly describe the organization's mission: Non	.e			
		•			
2	Did the organization undertake any significant program	n services during the year w	nich were not listed on the		
	E 000 000 FT0			Yes	X No
	If "Yes," describe these new services on Schedule O.	••• ••• •			
3	Did the organization cease conducting, or make signific	cant changes in how it cond	lucts, any program services	2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X No
•	If "Yes," describe these changes on Schedule O.	carre changes in now it come	dots, any program services		
		hannata far anah af ita thras	largest avegreen converse of	a manaurad bu ayaanaa	•
4	Describe the organization's program service accomplis				
	Section 501(c)(3) and 501(c)(4) organizations are requi	red to report the amount of	grants and allocations to otr	ners, the total expenses,	and
	revenue, if any, for each program service reported.				
4a	(Code) (Expenses \$	including grants of \$	) (Reve	anue \$	)
	SEE STATEMENT 4				
		· ·			
4b	(Code) (Expenses \$	including grants of \$	) (Reve	anue \$	)
				· · · · · · · · · · · · · · · · · · ·	
			<u> </u>		
					<del> </del>
4c	(Code ) (Expenses \$	including grants of \$	) (Revo	enue \$	)
			<del></del>	<del></del>	<del></del>
				<del></del>	
				<del></del>	
				-	
4d	Other program services (Describe in Schedule O.)				
	(Expenses \$ including grants	of \$		)	
<u>4e</u>	Total program service expenses	<u></u>			
				Form	<b>990</b> (2017)

### INSTITUTE FOR RESPONSIBLE HOUSING PRESERVATION

Form 990 (2017) HOUSING PRES
Part IV Checklist of Required Schedules

			V	N1 -
_	to the augmention decombed in continue E01(a)(2) or 4047(a)(1) (atheres there a present for indiction)(2)	$\overline{}$	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			X
	If "Yes," complete Schedule A	1	<del>                                     </del>	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		X
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		
5	during the tax year? If "Yes," complete Schedule C, Part II	_		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ů	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	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<u> </u>	X
C	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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	<u> </u>	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			l
	Schedule D, Parts XI and XII	12a	<del></del>	X
b	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	<del> </del>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<del> </del>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			ļ
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	445		х
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	├──	<u>├</u> ^
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	15	ļ	X
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13	$\vdash$	
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	1	х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	''	<del>                                     </del>	<del>  **</del>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>'</b>	$\vdash$	† <del>* * *</del>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			† <u></u> -
	complete Schedule G, Part III	19		X
			990	(2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		<u>X</u>
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 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	The second secon			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 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	26		X
27	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 III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ļ	
	If "Yes," complete Schedule N, Part I	31		X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	İ		
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	L	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	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	_36_	L	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	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	38	X	
		Form	990	(2017)

orm 990 (2	017)	HOUSING	PRESER	VATION		
Part V	Statements	Regarding Otl	ner IRS Fi	lings and T	ax Com	nlia

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	able gaming			
	(gambling) winnings to prize winners?			1c		Ĺ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			<u>ا</u> ــــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a _		X
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		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	nty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
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	Accour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action'	7.	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	he org	anızation solicit			
	any contributions that were not tax deductible as charitable contributions?		•	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions c	or gifts			
	were not tax deductible?			6b		<u> </u>
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 s	ervices	provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<u> </u>
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	vas rec	quired			ĺ
	to file Form 8282?	1	· ·	7c		<del> </del>
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d				اـــا
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		ct?	7e		├
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f		<del> </del>
g	If the organization received a contribution of qualified intellectual property, did the organization file I			7g		<del>                                     </del>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		┢──
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	a by tr	1 <b>e</b>			
_	sponsoring organization have excess business holdings at any time during the year?	••	•	8		<del> </del>
9	Sponsoring organizations maintaining donor advised funds.					;
a	Did the sponsoring organization make any taxable distributions under section 4966?	•••	• • • • • • • • • • • • • • • • • • • •	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			90		<del>                                     </del>
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-	ĺ		;
11	Section 501(c)(12) organizations. Enter:		· · · ·	1		<b>l</b> .
''	Gross income from members or shareholders	11a	1			
h	Gross income from other sources (Do not net amounts due or paid to other sources against			1		'
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				i
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			Ì		
a	to the second the second second from the place of the second the s			13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.		••			
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
_	organization is licensed to issue qualified health plans	13b				
С		13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	•••	•••	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ıle O	<u> </u>	14b	<u> </u>	
				Form	990	(2017)

HOUSING PRESERVATION 52-1653533 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 20 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 0 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? ... 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? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Х 10a Did the organization have local chapters, branches, or affiliates? 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 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 X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. \_\_\_ Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: INSTITUTE FOR RESPONSIBLE HOUSING P - (202)737-0019 799 9th STREET, N.W., SUITE 500 WASHINGTON, D.C., WASHINGTON, 20001

Form **990** (2017)

732006 11-28-17

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
   Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organizatio  (A)  Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Богтег	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PLEASE SEE LIST ATTACHED.	0.00							0.	0.	0
(2) NO OFFICER/DIRECTOR	0.00							0.	0.	0
(3) RECEIVES ANY COMPENSATION	0.00							0.	0.	0
(4) OR CONTRIBUTION TO BENEFIT	0.00							0	0.	0
(5) PLANS; OR RECEIVES ANY	0.00							0	0.	0
(6) EXPENSE ALLOWANCES.	0.00							0	. 0.	0
							-			
		<u> </u>								
		_								
		<u> </u>	<u>.</u>							
			-				_			
-		-								. •
					<u> </u>					
		<del> </del>								

Form 990 (2017)

INSTITUTE HOUSING INSTITUTE	RESERVA	<u>\T]</u>	[0]	1			•	···	52-165	<u>3533</u>	Pa	age 8
Art VII Section A. Officers, Directors, Trust (A) Name and title	(B) Average hours per week	(do box,	not ci	(C Posi heck i ss pe	tion		one h an	ompensated Employe (D) Reportable compensation from	es (continued) (E) Reportable compensation from related	an	(F) stimate nount of	-
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fr org an	ipensa rom the janizati d relate anizatio	ed
		_										
		_								<u> </u>		
		-				-						<u>.</u>
b Sub-total	-							0.	0			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	·			• •			<b>▶</b>	0.	0			0.
Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed a	bove	e) wl	no re	eceived more than \$100	0,000 of reportable		Yes	1 No
Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual									3		x
For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	, " co	mpl	ete S	Sche	edul	e J f	or such individual		4		х
Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comection B. Independent Contractors	-						elat	ed organization of indiv	idual for services	5		х
Complete this table for your five highest co the organization. Report compensation for								the organization's tax				
(A) Name and business	address	N	ONI	E			-	(B) Description of s	services	Compe	C) ensatio	n

Total number of independent contractors (including but not limited to those listed above) who received more than 0 \$100,000 of compensation from the organization

Form **990** (2017)

Form 990 (2017) HOUSING
Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
इइ	1 a	Federated campaigns	1a					
필드		Membership dues						
Q E	-		اما					1
i i	ں م	Related organizations	1c					
연필	u	•						İ
Sign	e	Government grants (contribute	' <del>   </del>					
풀힐	T	All other contributions, gifts, grant	1 1					
흥		similar amounts not included above						
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines	1a-1f \$	<del></del>				1
0 e	<u>h</u>	Total. Add lines 1a-1f						1
		CONTINO C (MODERNI)	, a a	Business Code	100 522	-100 F23		
<u>i</u>	2 a	SEMINARS/MEETIN	GS	900004	180,533.	180,533.		<del></del>
e 5	b	MEMBER DUES		900004	147,315.	147,315.		<del>                                     </del>
n Selle	C							
ěã	d							-
Program Service Revenue	е		<del></del>					
٠	f	All other program service reve	nue .		225 212		· · · · · · · · · · · · · · · · · · ·	
$\rightarrow$	g	Total. Add lines 2a-2f			327,848.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		. ▶	40.	40.		
	4	Income from investment of tax	x-exempt bond p	oroceeds 🕨				
	5	Royalties		<u> </u>				<u> </u>
			(i) Real	(ii) Personal				
	6 a	Gross rents						i
i	b	Less: rental expenses						
	С	Rental income or (loss)						
	d	Net rental income or (loss)		▶				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				1
1		assets other than inventory						
1	b	Less. cost or other basis						
ł		and sales expenses			•			
	С	Gain or (loss)						
		Net gain or (loss) .		<b>•</b>				
ا ۵	8 a	Gross income from fundraisin	g events (not					1
une		ıncluding \$	of					
Other Rever		contributions reported on line						!
<u>ت</u> ا		Part IV, line 18	. a					
the	b	Less: direct expenses	b					
0		Net income or (loss) from fund	draising events	<b>•</b>				
		Gross income from gaming ac	_					
	-	Part IV, line 19	а					
	b	Less: direct expenses	. b					
		Net income or (loss) from gam	•••					
		Gross sales of inventory, less	-					1
		and allowances	а					
	h	1	b					
		Net income or (loss) from sale		<b></b>				
1		Miscellaneous Revenu		Business Code	-			
	11 ^	LAW SUIT ACCOUN		900004	227,929.	227,929.	<del></del>	-   <del></del>
		REIMBURSEMENT I		900004	127,260.			
		LA JOLLA 2013		900004	21,300.			
		All other revenue		900004	4,015.			
ļ		Total, Add lines 11a-11d			380,504.	·		. 1
		Total, Add lines 11a-11d  Total revenue. See instructions.		[	708,392.		0	. 0.
	14	I DIGITE TENDE . DEC INSULUCIONS.			1001334			· · · · · · · · · · · · · · · · · · ·

## INSTITUTE FOR RESPONSIBLE Form 990 (2017) HOUSING PRESERVATION Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must c	omplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations				,
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				•
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				ı I
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	113,676.			
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				<del></del>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	_			
9	Other employee benefits				<del></del>
10	Payroll taxes			<del> </del>	
11	Fees for services (non-employees):				
а	Management	200 000			
b	Legal	300,000.			
C	Accounting	3,020.			
đ	Lobbying				
e	Professional fundraising services. See Part IV, line 17			<del> </del>	
f -	Investment management fees Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)				
40	Advantage and annual and				<del></del>
12 13	Office expenses	9,282.			_ <del>.</del>
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	40.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	107,403.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				•
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				ı
	amount, list line 24e expenses on Schedule O.)				
а	REIMBURSEMENT	139,680.			
b	MERCHANT ACCOUNT	4,279.			
С	2018 ANNUAL MEETING	4,236.			
d	UNCLASSIFIED	4,015.			<del>-</del>
e	All other expenses	5,785.			
25	Total functional expenses. Add lines 1 through 24e	691,416.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			<u> </u>	<u> </u>

# INSTITUTE FOR RESPONSIBLE

m 990 (	(2017)	HOUSING	PRESERVATION	 <u>52-1653533</u>	Page
art Y	Balance Sheet		-		

٠.		Check if Schedule O contains a response or not	e to any line in this Part X			
			,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		241,530.	2	258,506.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	[		4	
	5	Loans and other receivables from current and fo	ormer officers, directors,			
		trustees, key employees, and highest compensation	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr).		6		
Assets	7	Notes and loans receivable, net			7	
Ř	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments · publicly traded securities	-		_11	
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments · program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	041 520	15	250 506	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	241,530.	16	258,506.
	17	Accounts payable and accrued expenses .		<del></del>	17	
	18	Grants payable			18	
	19	Deferred revenue	-		19	
	20	Tax-exempt bond liabilities	: :		20	
	21	Escrow or custodial account liability. Complete	1	-	21	
ies	22	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employee	es, and disquaimed persons.		22	
Lia		Complete Part II of Schedule L Secured mortgages and notes payable to unrela		<u> </u>	23	
	23 24	Unsecured notes and loans payable to unrelate		<del></del>	24	
	25	Other liabilities (including federal income tax, pa		· · · · · · · · · · · · · · · · · · ·		
	25	parties, and other liabilities not included on lines				
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
	T	Organizations that follow SFAS 117 (ASC 958	3), check here  and			
ģ		complete lines 27 through 29, and lines 33 ar				
ğ	27	Unrestricted net assets			27	
ala	28	Temporanly restricted net assets			28	
펄	29	Permanently restricted net assets			29	
Fur		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶X		1	1
6		and complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or ed		0.	31	0.
let,	32	Retained earnings, endowment, accumulated in	ncome, or other funds	241,530.		258,506.
~	33	Total net assets or fund balances		241,530.		<u>258,506.</u>
	34	Total liabilities and net assets/fund balances		<u> 241,530.</u>	34	<u>258,506.</u>

Form **990** (2017)

FOIII	990 (2017) HOUSING PRESERVATION	<u> </u>	<u>,,,,,</u>	r a	10 · =
Pai	t XI Reconciliation of Net Assets				
`	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>8,3</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 16.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>76.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24	<u>1,5</u>	<u>30.</u>
5	Net unrealized gains (losses) on investments .	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	25	<u>8,5</u>	<u>06.</u>
Pa	t XII Financial Statements and Reporting				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part XII	<del></del>			ـــــــــــــــــــــــــــــــــــــــ
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			البيدا
2a	· · · · · · · · · · · · · · · · · · ·		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:		1		
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		_2c		<del>  ,</del>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	······	3b	000	(2245)
			Form	990	(2017)

#### **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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

2017
Open to Public Inspection

Department of the Treasury 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-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

-	, , , , , , , , , , , , , , , , , , , ,				
	Section 501(c)(4), (5), or (6) organizatine of organization TNS中T中ロ			Emi	oloyer identification number
IVAII	41101110	TE FOR RESPONSI	27F	Lin	
D	HOUSING	PRESERVATION panization is exempt un	dor coation 501/a	or is a section 527	52-1653533
Pa	art I-A Complete if the org	anization is exempt un	der section sorto	or is a section 527	organization.
1	Provide a description of the organiz	ation's direct and indirect politi	cal campaign activities i		
2	Political campaign activity expendit	ures		•	\$
3	Volunteer hours for political campai	gn activities			
_					<del></del>
Pa	art I-B Complete if the org	<u>anization is exempt un</u>	der section 501(c)(		<del> </del>
1	Enter the amount of any excise tax				\$
2	Enter the amount of any excise tax	incurred by organization manag	gers under section 4955		\$
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	ofor this year?		Yes No
48	Was a correction made?		• •		. L Yes No
<u></u> t	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	anization is exempt un	der section 501(c),	except section 501	(c)(3).
1	Enter the amount directly expended	I by the filing organization for s	ection 527 exempt funct	tion activities	\$
2	Enter the amount of the filing organ	ization's funds contributed to d	other organizations for so	oction 527	
	exempt function activities		•••	. ▶	\$
3	Total exempt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-POL,	•	
	line 17b			<b>&gt;</b>	\$
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	nployer identification number (E	EIN) of all section 527 po	litical organizations to wh	ich the filing organization
	made payments. For each organiza	tion listed, enter the amount pa	aid from the filing organiz	ation's funds. Also enter	the amount of political
	contributions received that were pre-	omptly and directly delivered to	a soparate political org	anization, such as a sepa	rate segregated fund or a
	political action committee (PAC). If	additional space is needed, pro	ovide information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	` '	, ,		filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization
			,		If none, enter -0
_					
		1			
		<u> </u>	-		
				+	
		,	•	•	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

LHA

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#### INSTITUTE FOR RESPONSIBLE

Schedule C (Form 990 or 990 EZ) 2017	<u>HOUSING</u>	PRESERV	ATION	n 501(a)(2) and file		1653533 Page 2
Part II-A Complete if the org section 501(h)).	anization	s exempt un	der sectio	n sur(c)(s) and me	e (e	nection under
	tion belongs t	an affiliated are	up (and list u	n Part IV each affiliated	group member's par	ne address FIM
expenses, and share				Trait iv each annated	group member s nai	ne, address, Ent,
B Check  if the filing organiza				ovisions apply.		
	ts on Lobbyin	g Expenditures			(a) Filing organization's totals	(b) Affiliated group totals
		·		,		
1a Total lobbying expenditures to influ	•					<del></del>
b Total lobbying expenditures to influ	_		lobbying)	}		
c Total lobbying expenditures (add li		)			· · ·	
d Other exempt purpose expenditure				•		
e Total exempt purpose expenditure			4.1.1 1			
f Lobbying nontaxable amount. Enter	1			1		<del> </del>
If the amount on line 1e, column (a) o		The lobbying no		11		
Not over \$500,000		20% of the amou				
Over \$500,000 but not over \$1,000				cess over \$500,000.		
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,			% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,000.				
g Grassroots nontaxable amount (er h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this	o or less, ente o or less, enter ro on either lir year?	r.0· ·.0·				Yes No
(Some organizations t				have to complete all ones 2a through 2f.)	of the five columns	below.
	Lobbyin	g Expenditures	During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 201	4 (t	) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))					<u> </u>	-
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount				<del>                                     </del>		
(150% of line 2d, column (e))						
20,000						
f Grassroots lobbying expenditures					<del></del>	

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017 HOUSING PRESERVATION 52-165353

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

2 Did the organization make only in house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or \$501(c)(6)\$ and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	expenses reported on lines 1c through 1i)?  ent officials, or a legislative body? eches, lectures, or any similar means?  en or described in section 501(c)(3)? section 4912	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through the decirity of Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1:  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
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j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  3 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, lines 1 and 2, are answered "No," OR (b) Part Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year 22 b Carryover from last year 22 c Total 22 c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	section 4912	.j Total. Add lines 1c through 1i
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501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b)	d political campaign activity expenditures from the prior year? 3	Did the organization agree to carry over lobbying and political campaign activity expenditu
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4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	notices of nondeductible section 162(e) dues 3 14,	
• • • • • • • • • • • • • • • • • • • •		****
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	onable estimate of nondeductible lobbying and political	does the organization agree to carryover to the reasonable estimate of nondeductible lobb
	4	
	es (see instructions) 5	• • • • • • • • • • • • • • • • • • • •
Part IV Supplemental Information		

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

INSTITUTE FOR RESPONSIBLE

HOUSING PRESERVATION

Employer identification number 52-1653533

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes L No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par	t !! Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a hist	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	* * * * * * * * * * * * * * * * * * * *	L Yes     L No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cor	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
_	conservation easements.	A. A. A. L. A.	Athan Cimilar Accate
Pai	t III Organizations Maintaining Collections of		Miner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (A		
	historical treasures, or other similar assets held for public ex		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc		
þ	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pi	ublic service, provide the following amount:
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
			<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	al gaın, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>▶</b> \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 201

732051 10-09-17

INSTITUTE FOR RESPONSIBLE 52-1653533 Page 2 HOUSING PRESERVATION Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 3 ' Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs a Other Scholarly research b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV | Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year 1d Distributions during the year 1e Ending balance Yes No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Current year 1a Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses f End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment h Permanent endowment Temporanly restricted endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(i) |3a(ii) (ii) related organizations ... b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI | Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other (c) Accumulated (d) Book value Description of property (a) Cost or other basis (other) depreciation basis (investment) 1a Land

Schedule D (Form 990) 2017

**b** Buildings ....

Other

c Leasehold improvementsd Equipment . . . . . . .

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

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Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		ation: Cost or end-of-year market	t value
Financial derivatives				
Closely-held equity interests				-
Other				
(A)				
(B)	·			
(C)				
(D)				
(E)				
(F)				
(G)	•			·
(H)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
art VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11c. See Form 990, Pa	rt X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valu	ation: Cost or end-of-year market	t valu
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11d. See Form 990, Pa	ırt X, line 15.	
	Description		(b) Book v	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)			
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV.	line 11e or 11f. See Form 9	990, Part X, line 25.	
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)	<del></del>			
(6)				
(7)				
(8)				
(8)	251			
(8)				

	INSTITUTE FOR RESPONSIBLE			_
	dule D (Form 990) 2017 HOUSING PRESERVATION		<u>52-1653533</u>	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem		nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recovenes of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	1 14511 5		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		enses per Heturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		<b>4c</b>	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u>.</u>	5	
_	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			1,
lınes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	iditional information.		
		<del></del>		
D	ut VI Iina Od Othan Addustmants.			
Pa:	rt XI, Line 2d - Other Adjustments:			
<b>50</b>	N NOW ADDITIONED TOUR DOWN MAKE WALL	DIMED EINN	NOTAL C	
FO.	RM NOT APPLICABLE. IRHP DOES NOT HAVE AU	DITED FINA	MCIALS.	
				<del></del>
D ~ .	rt XII, Line 2d - Other Adjustments:			
Pa.	rt XII, Line 2d - Other Adjustments:			
EΟ	RM NOT APPLICABLE. IRHP DOES NOT HAVE AU	הדתפה פדאנא:	NCT AT. C	
FO.	RM NOT APPLICABLE. IRRP DOES NOT HAVE AU	DITED FINA	NCIALS.	

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

INSTITUTE FOR RESPONSIBLE HOUSING PRESERVATION

Employer identification number 52-1653533

Form 990, Part I, Line 1, Description of Organization Mission:
INFORMATIONAL MATERIALS; TO PRESENT MEMBER VIEWS TO APPROPRIATE
LEGISLATIVE AND ADMINISTRATIVE OFFICIALS.
Form 990, Part VI, Section B, line 11b:
THE FORM 990 IS CAREFULLY REVIEWED BY THE TREASURER AND THE EXECUTIVE
DIRECTOR BEFORE IT IS FILED WITH IRS.
Form 990, Part VI, Section C, Line 19:
THE FORM 990 AND GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIALS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.
•

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