

NATIONAL HOUSING TRUST
CLIENT COPY
2022
YEAR ENDING DECEMBER 31, 2022

NATIONAL HOUSING TRUST
1101 30TH STREET, N.W. 100A
WASHINGTON, DC 20007

NATIONAL HOUSING TRUST:

WE HAVE PREPARED THE FOLLOWING TAX RETURNS PRIMARILY FROM THE INFORMATION YOU FURNISHED. SINCE YOU HAVE THE FINAL RESPONSIBILITY FOR THE TAX RETURNS, YOU SHOULD REVIEW THEM CAREFULLY BEFORE YOU SIGN AND FILE THEM OR AUTHORIZE THEM TO BE ELECTRONICALLY FILED.

2022 FORM 990

PLEASE RETAIN ALL TAX RECORDS, CANCELLED CHECKS AND OTHER DOCUMENTS THAT WERE USED IN THE PREPARATION OF THESE RETURNS, AS THIS INFORMATION MAY BE REQUESTED SHOULD A TAXING AUTHORITY EXAMINE A RETURN.

YOUR COPY HAS EITHER BEEN INCLUDED IN THIS PACKAGE OR SENT TO YOU ELECTRONICALLY. PLEASE RETAIN FOR YOUR FILES.

INSTRUCTIONS FOR FILING THE ABOVE IS INCLUDED FOR EASY REFERENCE.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

JOLANTA TUCK, CPA

**IMPORTANT
PLEASE RESPOND IMMEDIATELY**

EFILE SIGNATURE AUTHORIZATION FORM(S)

****URGENT – NEW E-FILING RULE WITH MAJOR IMPACT****

DUE TO MORE STRINGENT STATE REQUIREMENTS REGARDING E-FILED RETURNS, WE MUST RECEIVE YOUR E-FILE FORMS WITHIN THE NEXT 5 DAYS OR BY RETURN'S DUE DATE IF EARLIER. IF NOT RECEIVED, YOUR E-FILING MAY BE DELAYED AND A HIGH LIKELIHOOD THAT WE WILL NEED YOU TO RE-SIGN AND DATE ONE OR MORE E-FILE FORMS.

PLEASE REVIEW YOUR TAX RETURN(S) IMMEDIATELY! YOUR TAX RETURN(S) CANNOT BE FILED BY US UNTIL WE RECEIVE THE ENCLOSED AUTHORIZATION FORM(S) FROM YOU AUTHORIZING US TO FILE THE ATTACHED FORMS!

CURRENTLY, THE IRS WILL ACCEPT AN ELECTRONIC SIGNATURE FOR ALL FEDERAL E-FILE FORMS.

AS THE STATE/LOCAL RULES MAY VARY, MANUAL SIGNATURES ARE RECOMMENDED ON SUCH E-FILE AUTHORIZATION FORMS.

RETURN THE SIGNED AND DATED AUTHORIZATION FORM(S) VIA:

- EMAIL: BALTEFILE@COHNREZNICK.COM
- FAX: (410) 895-7248
- SECURE UPLOAD VIA SHAREFILE WEB SOLUTION: CLICK [THIS LINK](#) TO ACCESS **USE OTHER RETURN OPTIONS IF UNABLE TO ACCESS SHAREFILE LINK**

IF AN ELECTRONIC PAYMENT IS BEING MADE WITH THE RETURN(S), PLEASE NOTIFY YOUR BANKING INSTITUTION OF THE PENDING WITHDRAWAL AND ENSURE THAT YOU HAVE VERIFIED YOUR BANK ACCOUNT NUMBER AND WITHDRAWAL AMOUNTS WITH YOUR ENGAGEMENT TEAM.

WE APPRECIATE YOUR EFFORTS TO RETURN THE COMPLETED ENCLOSED FORM(S) AS SOON AS POSSIBLE.

THANK YOU,



COHNREZNICK LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
DECEMBER 31, 2022

PREPARED FOR:

NATIONAL HOUSING TRUST
1101 30TH STREET, N.W. 100A
WASHINGTON, DC 20007

PREPARED BY:

COHNREZNICK LLP
500 EAST PRATT STREET, 4TH FLOOR
BALTIMORE, MD 21202

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2023

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

NATIONAL HOUSING TRUST

EIN or SSN

52-1477599

Name and title of officer or person subject to tax **STEVE SPEARS
INTERIM CFO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>2,772,882.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **COHNREZNICK LLP** to enter my PIN **22147**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

27100422147

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **COHNREZNICK LLP**

Date **11/14/23**

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Return of Organization Exempt From Income Tax

Form **990**

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

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

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

2022

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL HOUSING TRUST		D Employer identification number 52-1477599
	Doing business as		E Telephone number 202-333-8931
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1101 30TH STREET, N.W.		G Gross receipts \$ 2,772,882.
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20007		
F Name and address of principal officer: PRIYA JAYACHANDRAN SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.NHTINC.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1986** **M** State of legal domicile: **DC**

Part I Summary				
1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O				
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	14	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	54	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,198,664.	Current Year 2,467,459.
9 Program service revenue (Part VIII, line 2g)		163,779.	136,040.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		166,628.	153,628.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,507.	15,755.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,531,578.	2,772,882.	
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	90,075.	100.
		14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,877,010.	1,202,517.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25)	71,936.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	577,197.	806,241.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,544,282.	2,008,858.	
19 Revenue less expenses. Subtract line 18 from line 12	-12,704.	764,024.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 7,060,411.	End of Year 7,947,627.	
	21 Total liabilities (Part X, line 26)	415,981.	1,232,251.	
	22 Net assets or fund balances. Subtract line 21 from line 20	6,644,430.	6,715,376.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	STEVE SPEARS, INTERIM CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOLANTA TUCK, CPA	Preparer's signature JOLANTA TUCK, CPA	Date 11/14/23	Check if self-employed <input type="checkbox"/>	PTIN P01340068
	Firm's name COHNREZNICK LLP	Firm's EIN 22-1478099	Phone no. 410-783-4900		
	Firm's address 500 EAST PRATT STREET, 4TH FLOOR BALTIMORE, MD 21202				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. NATIONAL HOUSING TRUST	Taxpayer identification number (TIN) 52-1477599
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1101 30TH STREET, N.W., 100A	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20007	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

STEVE SPEARS

- The books are in the care of ▶ **1101 30TH AVENUE, NW SUITE 100A - WASHINGTON, DC 20007**

Telephone No. ▶ **202-333-8931** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2022** or
 ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE NATIONAL HOUSING TRUST'S MISSION IS TO CREATE AND PRESERVE AFFORDABLE HOMES TO PROVIDE OPPORTUNITY, ADVANCE RACIAL EQUITY, REDUCE ECONOMIC DISPARITIES, AND STRENGTHEN COMMUNITY RESILIENCE THROUGH PRACTICE AND POLICY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 656,250. including grants of \$ 50.) (Revenue \$ 75,897.) ENERGY EFFICIENCY: THE NATIONAL HOUSING TRUST IS COMMITTED TO PROMOTING ENERGY EFFICIENCY AND SUSTAINABILITY FOR LOW-INCOME RESIDENTS ACROSS THE COUNTRY. NHT'S UNIQUE APPROACH TO ENERGY EFFICIENCY INCLUDES POLICY ADVOCACY, GREEN LENDING, RENEWABLE ENERGY, AND SUSTAINABLE DEVELOPMENT. IN COMBINATION, THESE STRATEGIES RESULT IN HEALTHIER PLACES FOR LOW-INCOME RESIDENTS TO LIVE, REDUCE OPERATIONAL COSTS, AND RESULT IN RESIDENT SAVINGS AND A CLEANER ENVIRONMENT.

4b (Code:) (Expenses \$ 656,250. including grants of \$ 50.) (Revenue \$ 75,898.) ACCESS TO OPPORTUNITY: THE NATIONAL HOUSING TRUST BELIEVES IN A BALANCED APPROACH TO FAIR HOUSING, WHICH PROMOTES ACCESS TO HIGH OPPORTUNITY COMMUNITIES THROUGH MOBILITY, WHILE ENSURING THAT RESIDENTS WHO REMAIN IN NEIGHBORHOODS CURRENTLY EXPERIENCING DISTRESS AND CONCENTRATED POVERTY HAVE ACCESS TO HOUSING RESOURCES AND INVESTMENTS THAT IMPROVE THEIR HOUSING. THIS APPROACH ALLOWS FOR AFFORDABLE HOUSING DEVELOPMENT AND PRESERVATION IN A VARIETY OF AREAS, WHILE ENSURING THAT RESIDENTS HAVE THE RIGHT TO CHOOSE WHERE THEY LIVE. FOR NHT, OPPORTUNITY MEANS GIVING FAMILIES AND ELDERLY RESIDENTS A CHOICE THAT IS BEST FOR THEM. CHOICE MEANS BOTH IMPROVING THE QUALITY OF LIFE FOR RESIDENTS OF LOW-INCOME COMMUNITIES AS WELL AS SUPPORTING MOBILITY TO "HIGH OPPORTUNITY" NEIGHBORHOODS.

4c (Code:) (Expenses \$ 357,135. including grants of \$) (Revenue \$) THE TRUST PROVIDES ASSISTANCE TO GOVERNMENT AGENCIES AND CONGRESSIONAL COMMITTEES AND STAFF IN CONNECTION WITH FEDERAL LEGISLATION AFFECTING THE EXISTING SUPPLY OF AFFORDABLE HOUSING. THE TRUST PROVIDES TECHNICAL ASSISTANCE ON A PRO BONO BASIS TO NON-PROFITS, GOVERNMENT AGENCIES, AND TENANT ASSOCIATIONS SEEKING TO PRESERVE AFFORDABLE LOW-INCOME HOUSING IN A NUMBER OF STATES. IN 8 STATES, THE TRUST ENGAGED UTILITIES, HOUSING FINANCE AGENCIES AND NONPROFIT HOUSING DEVELOPERS TO RECOMMEND THAT UTILITIES PROVIDE A FAIR SHARE OF UTILITY PROGRAM ENERGY RETROFIT FUNDING FOR AFFORDABLE HOUSING OCCUPIED BY LOW INCOME RENTERS.

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

4e Total program service expenses 1,669,635.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 14. 'X' marks indicate 'Yes' responses.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 14; 1b Enter the number of voting members included... 14; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 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 on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on 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 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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 X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on 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? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed IN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.
[] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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
STEVE SPEARS - 202-333-8931
1101 30TH AVENUE, NW SUITE 100A, WASHINGTON, DC 20007

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PRIYA JAYACHANDRAN PRESIDENT	18.80 21.20			X				288,335.	0.	66,711.
(2) KEVIN WHITE VICE PRESIDENT AND SECRETARY	20.00 20.00			X				191,303.	0.	44,537.
(3) ED PAUL SR. DIRECTOR OF REAL ESTAT	40.00 0.00					X		153,281.	0.	53,274.
(4) CAROLYN FISCHER DIRECTOR OF REAL ESTATE	40.00 0.00					X		142,570.	0.	36,903.
(5) LAURA ABERNATHY SR DIRECTOR OF HOUSING POLICY	40.00 0.00					X		141,819.	0.	33,770.
(6) TODD NEDWICK SR DIRECTOR OF SUSTAINABIL	40.00 0.00					X		135,509.	0.	36,144.
(7) JT ENGELHARDT DIRECTOR OF REAL ESTATE	40.00 0.00					X		142,584.	0.	21,842.
(8) ALICE HAMILTON EVERT SECRETARY	13.00 27.00			X				86,091.	0.	25,251.
(9) KLADE HARE TREASURER	4.00 36.00			X				54,979.	0.	16,660.
(10) ANGELA BRUNO VICE PRESIDENT AND TREASUR	16.80 23.20			X				60,366.	0.	9,997.
(11) STEVEN SPEARS TREASURER	10.00 30.00			X				37,500.	0.	0.
(12) VINCE TOYE BOARD MEMBER	1.00 2.00	X						0.	0.	0.
(13) ADNAN BOKHARI BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(14) CHRYSTAL KORNEGAY BOARD MEMBER	1.00 2.00	X						0.	0.	0.
(15) ELIZABETH CHANT BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(16) ISMAEL GUERRERO BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(17) JAMES L. LOGUE III BOARD MEMBER	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JANE GRAF BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) LUCY ARELLANO BAGLIERI BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(20) MARILYN MELKONIAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) MARY TINGERTHAL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(22) RONALD GRZYWINSKI BOARD MEMBER	1.00 2.00	X						0.	0.	0.
(23) THOMAS DOHRMANN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) TRISHA MILLER BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(25) YUSEF FREEMAN BOARD MEMBER	1.00 1.00	X						0.	0.	0.
1b Subtotal								1,434,337.	0.	345,089.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,434,337.	0.	345,089.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 14

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,467,459.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		2,467,459.			
Program Service Revenue	2 a	PROGRAM SERVICE FEE	Business Code				
			900099	136,040.	136,040.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		136,040.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		58,669.		58,669.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				94,959.			
	b	Less: cost or other basis and sales expenses	7b	0.			
	c	Gain or (loss)	7c	94,959.			
	d	Net gain or (loss)		94,959.		94,959.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue		900099	15,755.	15,755.	
	e	Total. Add lines 11a-11d			15,755.		
12	Total revenue. See instructions			2,772,882.	151,795.	0.	
						153,628.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	100.	100.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	881,730.	802,371.	52,906.	26,453.
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	190,270.	173,149.	11,414.	5,707.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,088.	35,569.	2,346.	1,173.
9 Other employee benefits				
10 Payroll taxes	91,429.	83,200.	5,486.	2,743.
11 Fees for services (nonemployees):				
a Management				
b Legal	10,300.	6,161.	3,937.	202.
c Accounting	179,330.	107,275.	68,540.	3,515.
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 Sch O.)	180,939.	115,342.	44,867.	20,730.
12 Advertising and promotion	11,969.	10,892.	718.	359.
13 Office expenses	77,848.	70,844.	4,668.	2,336.
14 Information technology	60,921.	55,439.	3,655.	1,827.
15 Royalties				
16 Occupancy	117,316.	105,353.	8,490.	3,473.
17 Travel	38,450.	34,990.	2,307.	1,153.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	8,713.	7,929.	523.	261.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	31,057.		31,057.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	38,879.	23,257.	14,860.	762.
b SUPPORT SERVICES	26,324.	15,747.	10,061.	516.
c EQUIPMENT & RENTAL MAIN	24,195.	22,017.	1,452.	726.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	2,008,858.	1,669,635.	267,287.	71,936.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,216,996.	1	937,952.
	2 Savings and temporary cash investments	2,778,741.	2	1,362,090.
	3 Pledges and grants receivable, net	147,500.	3	22,500.
	4 Accounts receivable, net	672,790.	4	3,182,288.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	106,177.	9	31,829.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 210,598.		
	b Less: accumulated depreciation	10b 199,242.	10c 61.	11,356.
	11 Investments - publicly traded securities	901,353.	11	1,937,564.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	236,793.	15	462,048.
16 Total assets. Add lines 1 through 15 (must equal line 33)	7,060,411.	16	7,947,627.	
Liabilities	17 Accounts payable and accrued expenses	114,152.	17	176,455.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	301,829.	25	1,055,796.
	26 Total liabilities. Add lines 17 through 25	415,981.	26	1,232,251.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	6,628,294.	27	6,715,376.
	28 Net assets with donor restrictions	16,136.	28	0.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	6,644,430.	32	6,715,376.
	33 Total liabilities and net assets/fund balances	7,060,411.	33	7,947,627.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,772,882.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,008,858.
3	Revenue less expenses. Subtract line 2 from line 1	3	764,024.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,644,430.
5	Net unrealized gains (losses) on investments	5	-693,078.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,715,376.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization NATIONAL HOUSING TRUST	Employer identification number 52-1477599
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	736,652.	580,169.	2870508.	2198664.	2467459.	8853452.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	736,652.	580,169.	2870508.	2198664.	2467459.	8853452.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5312330.
6 Public support. Subtract line 5 from line 4.						3541122.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	736,652.	580,169.	2870508.	2198664.	2467459.	8853452.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	46,853.	38,349.	41,350.	78,285.	58,669.	263,506.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,253.			1,757.	15,755.	19,765.
11 Total support. Add lines 7 through 10						9136723.
12 Gross receipts from related activities, etc. (see instructions)					12	3,422,453.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	38.76 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	37.02 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2018 AMOUNT: \$ 2,253.

2021 AMOUNT: \$ 1,757.

2022 AMOUNT: \$ 15,755.

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2022

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BANK OF AMERICA	200,000.	17,266.
JP MORGAN CHASE	1,335,000.	1,152,266.
JPB FOUNDATION	3,500,000.	3,317,266.
MORGAN STANLEY	556,000.	373,266.
WELLS FARGO	635,000.	452,266.
Total Excess Contributions to Schedule A, Part II, Line 5		5,312,330.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

NATIONAL HOUSING TRUST

Employer identification number

52-1477599

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization NATIONAL HOUSING TRUST	Employer identification number 52-1477599
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>JPB FOUNDATION</u> <u>9 WEST 57TH STREET 38TH FLOOR</u> <u>NEW YORK, NY 10019</u>	\$ <u>900,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>JP MORGAN CHASE</u> <u>383 MADISON AVENUE 41ST FLOOR</u> <u>NEW YORK, NY 10017</u>	\$ <u>1,235,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>WELLS FARGO</u> <u>550 4TH STREET</u> <u>MINNEAPOLIS, MN 55415</u>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>ENERGY FOUNDATION</u> <u>301 BATTERY STREET 5TH FLOOR</u> <u>SAN FRANCISCO, CA 94111</u>	\$ <u>210,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL HOUSING TRUST	Employer identification number 52-1477599
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization NATIONAL HOUSING TRUST	Employer identification number 52-1477599
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization NATIONAL HOUSING TRUST	Employer identification number 52-1477599
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	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	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
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	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	283,592.	1,376.			284,968.
b Lobbying ceiling amount (150% of line 2a, column(e))					427,452.
c Total lobbying expenditures					
d Grassroots nontaxable amount	70,898.				70,898.
e Grassroots ceiling amount (150% of line 2d, column (e))					106,347.
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
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, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
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	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

2022

Open to Public Inspection

Name of the organization NATIONAL HOUSING TRUST Employer identification number 52-1477599

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB 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. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term 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:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		128,442.	117,086.	11,356.
e Other		82,156.	82,156.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,356.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	47,752.
(2) INTERCOMPANY RECEIVABLE	414,296.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	462,048.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT PAYABLE	183,054.
(3) DUE TO AFFILIATES	872,742.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,055,796.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

NATIONAL HOUSING TRUST

Employer identification number

52-1477599

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PRIYA JAYACHANDRAN PRESIDENT	(i)	286,772.	500.	1,063.	17,920.	48,791.	355,046.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KEVIN WHITE VICE PRESIDENT AND SECRETARY	(i)	189,770.	500.	1,033.	11,639.	32,898.	235,840.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ED PAUL SR. DIRECTOR OF REAL ESTAT	(i)	151,901.	500.	880.	9,783.	43,491.	206,555.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CAROLYN FISCHER DIRECTOR OF REAL ESTATE	(i)	141,288.	500.	782.	8,593.	28,310.	179,473.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LAURA ABERNATHY SR DIRECTOR OF HOUSING POLICY	(i)	140,622.	500.	697.	7,876.	25,894.	175,589.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TODD NEDWICK SR DIRECTOR OF SUSTAINABIL	(i)	134,244.	500.	765.	8,400.	27,744.	171,653.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JT ENGELHARDT DIRECTOR OF REAL ESTATE	(i)	141,320.	500.	764.	8,385.	13,457.	164,426.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

COMPENSATION FOR THE EXECUTIVE DIRECTOR/CEO IS DETERMINED BY THE NHT BOARD OF DIRECTORS AND IS REVIEWED EVERY YEAR BY THE BOARD'S EXECUTIVE COMMITTEE AS PER THE EXECUTIVE COMPENSATION POLICY. THEY OBTAIN RESEARCH AND COMPENSATION INFORMATION THAT ASSISTS IN DETERMINING THE SALARY, SUCH AS INDEPENDENT SALARY AND BENEFIT COMPENSATION STUDIES, WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZATIONS, DOCUMENTED PHONE CALLS ABOUT SIMILAR POSITIONS IN OTHER NON-PROFIT AND FOR-PROFIT ORGANIZATIONS, AND/OR INFORMATION OBTAINED FROM THE FORM 990 FILINGS OF SIMILAR ORGANIZATIONS. TO APPROVE THE COMPENSATION, THE BOARD MUST DOCUMENT HOW IT REACHED ITS DECISION AND THE DATA IN WHICH IT RELIED IN THE MEETING MINUTES THE EXECUTIVE COMMITTEE OF THE NHT BOARD ALSO EVALUATES THE PERFORMANCE OF THE CEO ANNUALLY. ALL OTHER OFFICERS AND STAFF'S SALARIES ARE DETERMINED BY THE CEO. EACH STAFF MEMBER RECEIVES AN ANNUAL REVIEW TO ASSESS PERFORMANCE AND SETS GOALS.

PART I, LINE 7:

BONUS COMPENSATION IS BASED ON SPECIFIED BUDGET BEING ACHIEVED.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

NATIONAL HOUSING TRUST

Employer identification number

52-1477599

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE NATIONAL HOUSING TRUST PROTECTS, IMPROVES, AND MAINTAINS EXISTING
AFFORDABLE HOUSING SO THAT LOW-INCOME FAMILIES CAN LIVE IN QUALITY
NEIGHBORHOODS WITH ACCESS TO OPPORTUNITIES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

FEDERAL & STATE POLICY WORK: THE NATIONAL HOUSING TRUST ADVANCES
FEDERAL, STATE, AND LOCAL POLICIES THAT CREATE EQUITABLE AND
SUSTAINABLE COMMUNITIES BY SAFEGUARDING OUR NATION'S AFFORDABLE HOMES.
WE WORK WITH OUR PARTNERS TO PRESERVE AND IMPROVE AFFORDABLE
MULTIFAMILY RENTAL HOUSING BY: PROVIDING RESEARCH AND ANALYSIS ON OUR
NATION'S AT-RISK AFFORDABLE HOMES; SHAPING LEGISLATION AND POLICY
IMPLEMENTATION TO PROTECT EXISTING HOUSING RESOURCES; DOCUMENTING
SUCCESSFUL, COST EFFECTIVE AND REPLICABLE AFFORDABLE HOUSING
PRESERVATION STATE AND LOCAL POLICY SOLUTIONS; EXPANDING AND IMPROVING
UTILITY ENERGY EFFICIENCY PROGRAMS TO DRIVE LARGE-SCALE EFFICIENCY
INVESTMENTS IN AFFORDABLE MULTIFAMILY BUILDINGS; LEADING A COALITION OF
AFFORDABLE HOUSING PRESERVATION ADVOCATES AND PRACTITIONERS KNOWN AS
THE PRESERVATION WORKING GROUP; PROVIDING RESEARCH AND ANALYSIS ON OUR
NATION'S AT-RISK AFFORDABLE HOMES; AND JOINTLY LEADING A POWERFUL
COLLABORATION TO INTRODUCE PRIVATE AND PUBLIC ENERGY EFFICIENCY
INVESTMENT INTO AFFORDABLE HOUSING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FEDERAL & STATE POLICY WORK: THE NATIONAL HOUSING TRUST ADVANCES

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization NATIONAL HOUSING TRUST	Employer identification number 52-1477599
--	--

FEDERAL, STATE, AND LOCAL POLICIES THAT CREATE EQUITABLE AND SUSTAINABLE COMMUNITIES BY SAFEGUARDING OUR NATION'S AFFORDABLE HOMES. WE WORK WITH OUR PARTNERS TO PRESERVE AND IMPROVE AFFORDABLE MULTIFAMILY RENTAL HOUSING BY: PROVIDING RESEARCH AND ANALYSIS ON OUR NATION'S AT-RISK AFFORDABLE HOMES; SHAPING LEGISLATION AND POLICY IMPLEMENTATION TO PROTECT EXISTING HOUSING RESOURCES; DOCUMENTING SUCCESSFUL, COST EFFECTIVE AND REPLICABLE AFFORDABLE HOUSING PRESERVATION STATE AND LOCAL POLICY SOLUTIONS; EXPANDING AND IMPROVING UTILITY ENERGY EFFICIENCY PROGRAMS TO DRIVE LARGE-SCALE EFFICIENCY INVESTMENTS IN AFFORDABLE MULTIFAMILY BUILDINGS; LEADING A COALITION OF AFFORDABLE HOUSING PRESERVATION ADVOCATES AND PRACTITIONERS KNOWN AS THE PRESERVATION WORKING GROUP; PROVIDING RESEARCH AND ANALYSIS ON OUR NATION'S AT-RISK AFFORDABLE HOMES; AND JOINTLY LEADING A POWERFUL COLLABORATION TO INTRODUCE PRIVATE AND PUBLIC ENERGY EFFICIENCY INVESTMENT INTO AFFORDABLE HOUSING.

FORM 990, PART IV, LINE 12B
THIS 990 IS BEING PREPARED WITH THE BEST AVAILABLE INFORMATION AT THE TIME. UPON COMPLETION OF THE AUDIT, IF THERE ARE ANY SIGNIFICANT CHANGES, APPROPRIATE ACTION WILL BE TAKEN.

FORM 990, PART VI, SECTION A, LINE 1A:
SOME OF THE OFFICERS FOR NATIONAL HOUSING TRUST ARE ALSO THE OFFICERS FOR THE INSTITUTE FOR COMMUNITY ECONOMICS, NATIONAL HOUSING TRUST COMMUNITY DEVELOPMENT FUND, AND NHT COMMUNITIES. THE DIRECTORS FOR NATIONAL HOUSING TRUST ALSO PROVIDE GOVERNANCE TO ICE , NHTCDF, AND NHTC.

Name of the organization NATIONAL HOUSING TRUST	Employer identification number 52-1477599
--	--

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER MUST SIGN A CONFLICT OF INTEREST DECLARATION UPON JOINING THE BOARD AND SIGNS A NEW DECLARATION ANNUALLY. COPIES OF THE SIGNED DECLARATIONS ARE SAVED WITH OTHER DOCUMENTS RELATED TO CORPORATE POLICIES AND PROCEDURES.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR THE EXECUTIVE DIRECTOR/CEO IS DETERMINED BY THE NHT BOARD OF DIRECTORS AND IS REVIEWED EVERY YEAR BY THE BOARD'S EXECUTIVE COMMITTEE AS PER THE EXECUTIVE COMPENSATION POLICY. THEY OBTAIN RESEARCH AND COMPENSATION INFORMATION THAT ASSISTS IN DETERMINING THE SALARY, SUCH AS INDEPENDENT SALARY AND BENEFIT COMPENSATION STUDIES, WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZATIONS, DOCUMENTED PHONE CALLS ABOUT SIMILAR POSITIONS IN OTHER NON-PROFIT AND FOR-PROFIT ORGANIZATIONS, AND/OR INFORMATION OBTAINED FROM THE FORM 990 FILINGS OF SIMILAR ORGANIZATIONS. TO APPROVE THE COMPENSATION, THE BOARD MUST DOCUMENT HOW IT REACHED ITS DECISION AND THE DATA IN WHICH IT RELIED IN THE MEETING MINUTES THE EXECUTIVE COMMITTEE OF THE NHT BOARD ALSO EVALUATES THE PERFORMANCE OF THE CEO ANNUALLY. ALL OTHER OFFICERS AND STAFF'S SALARIES ARE DETERMINED BY THE CEO. EACH STAFF MEMBER RECEIVES AN ANNUAL REVIEW TO ASSESS PERFORMANCE AND SETS GOALS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND POLICIES ARE AVAILABLE FOR PUBLIC INSPECTION AT THE ORGANIZATION'S OFFICE DURING REGULAR BUSINESS

Name of the organization

NATIONAL HOUSING TRUST

Employer identification number

52-1477599

HOURS UPON REQUEST.

(This area contains multiple horizontal lines for providing information.)

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **NATIONAL HOUSING TRUST** Employer identification number **52-1477599**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
INSTITUTE FOR COMMUNITY ECONOMICS - 04-2617283, 1101 30TH STREET, N.W., STE. 100A, WASHINGTON, DC 20007	LENDING	MASSACHUSETTS	501(C)(3)	LINE 10	NHT	X	
NATIONAL HOUSING TRUST COMM. DEV. FUND - 31-1539762, 1101 30TH STREET, N.W., STE. 100A, WASHINGTON, DC 20007	LENDING	DISTRICT OF COLUMBIA	501(C)(3)	LINE 12A, I	NHT	X	
NHT COMMUNITIES - 31-1662007 1101 30TH STREET, N.W., STE. 100A WASHINGTON, DC 20007	AFFD HOUSING	DISTRICT OF COLUMBIA	501(C)(3)	LINE 10	NHT	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
104TH STREET LIMITED PARTNERSHIP - 27-2755027, 1999 BROADWAY STREET SUITE 1000, DENVER, CO 80202	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	IL	N/A	N/A	N/A	N/A		X	N/A		X	N/A
3145 MOUNT PLEASANT STREET LP - 30-0754770, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
BELTON WOODS LP - 56-2280085 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	SC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
HOUSING COMPANY - 45-0474412 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	VA	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
BELTON WOODS HOUSING COMPANY - 57-1134326 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING -	SC	N/A	C CORP	N/A	N/A	N/A		X
CHANNEL RENEWABLE MANAGER LLC - 47-3707392 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	TO EARN FEES FROM ENERGY SERVICE AGREEMENTS	DC	N/A	C CORP	N/A	N/A	N/A		X
CHANNEL SQUARE TRUST LLC - 46-3566576 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING -	DC	N/A	C CORP	N/A	N/A	N/A		X
KING PRESERVATION OF ILLINOIS LLC - 27-0017628, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING -	IL	N/A	C CORP	N/A	N/A	N/A		X
LAURELWOOD PLACE TRUST LLC - 47-1740066 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	TO PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME	DC	N/A	C CORP	N/A	N/A	N/A		X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BUCKINGHAM DEVELOPMENT - 45-3194218, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DE	N/A	N/A	N/A	N/A	X		N/A	X		N/A
BUCKINGHAM PARCEL B DEVELOPMENT LLC - 30-0869104, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	VA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
BUCKINGHAM VILLAGE LLC - 80-0601821, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	DE	N/A	N/A	N/A	N/A	X		N/A	X		N/A
BUCKINGHAM VILLAGE LP - 27-0662664, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	DE	N/A	N/A	N/A	N/A	X		N/A	X		N/A
BV3 PARCEL B GENERAL LLC - 46-3845918, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	TO PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	VA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
BV3 PARCEL B LP - 46-3839343 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	TO PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	VA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
CHANNEL SQUARE HOUSING HOLDING LLC - 90-1014871, 551 FIFTH AVENUE 23RD FL, NEW YORK, NY 10176	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DE	N/A	N/A	N/A	N/A	X		N/A	X		N/A
CHANNEL SQUARE PARTNERS LLC - 46-2009223, 4115 WISCONSIN NW SUITE 210, WASHINGTON, DC 20016	TO PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
CUMBERLAND HOUSING PRESERVATION PARTNERS LP - 27-0349533, 3413 30TH STREET, SAN DIEGO, CA 92104	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	MD	N/A	N/A	N/A	N/A	X		N/A	X		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CUMBERLAND PRESERVATION PARTNERS LLC - 27-0349475, 3413 30TH STREET, SAN DIEGO, CA 92104	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	MD	N/A	N/A	N/A	N/A	X		N/A	X		N/A
FREDERICKSBURG AFFORDABLE HOUSING LP - 01-0803505, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	VA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
GREATVIEW DEVELOPMENT LP - 20-5657247, 707 SABLE OAKS DRIVE, SOUTH PORTLAND, ME 04106	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	PA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HARVARD HOUSE LLC - 27-4736016, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	FL	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HESTON REALTY LLC - 46-5355207, 3 CANAL PLAZA SUITE 501, PORTLAND, ME 04101	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	ME	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HOMES FOR HAGERSTOWN GP LLC - 47-2754537, 318 SIXTH STREET SUITE 2, ANNAPOLIS, MD 21403	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	MD	N/A	N/A	N/A	N/A	X		N/A	X		N/A
HOMES FOR HAGERSTOWN LLC - 47-2754738, 318 SIXTH STREET SUITE 2, ANNAPOLIS, MD 21403	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	DE	N/A	N/A	N/A	N/A	X		N/A	X		N/A
KING PRESERVATION LP - 02-0619681, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	IL	N/A	N/A	N/A	N/A	X		N/A	X		N/A
LAURELWOOD HOUSING ASSOCIATES LP - 46-5362666, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	CT	N/A	N/A	N/A	N/A	X		N/A	X		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MERIDIAN MANOR - CHAPIN STREET LP - 52-2282477, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	DC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
MERIDIAN MANOR LLC - 52-2279379, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	DC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
MOUNT PLEASANT STREET PARTNERS LLC - 46-1187385, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NHTE BALTIMORE AFFORDABLE HOUSING LLC - 45-2547081, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NHTE PIEDMONT GARRETT SQUARE LP - 80-0561042, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	VA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NHTE ST DENNIS LP - 27-2828471, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	DC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
PHOENIX NIMBUS LP - 47-4797298, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	GA	N/A	N/A	N/A	N/A	X		N/A	X		N/A
POINT OF VIEW LLC - 20-2265498, 707 SABLE OAKS DRIVE, SOUTH PORTLA, ME 04108	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	ME	N/A	N/A	N/A	N/A	X		N/A	X		N/A
POPPLETON PARTNERS II LP - 26-1759431, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	MD	N/A	N/A	N/A	N/A	X		N/A	X		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
R STREET PRESERVATION PARTNERS LLC - 20-8927132, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	DC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
R STREET PRESERVATION PARTNERS LP - 20-8927086, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	DC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
TEQUESTA KNOLL LLC - 45-3764951, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	FL	N/A	N/A	N/A	N/A	X		N/A	X		N/A
DAVENPORT MAHC OWNER LLC - 47-4232478, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	MN	N/A	N/A	N/A	N/A	X		N/A	X		N/A
DAVENPORT MAHC LLC - 47-1752602, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	MN	N/A	N/A	N/A	N/A	X		N/A	X		N/A
THE NEW VILLAGES OF CASTLEBERRY HILL LP - 81-1945202, 1101 30TH STREET NW STE 100A, WASHINGTON, DC	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	DC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
VILLAGES OF CASTLEBERRY VILLAGES OF CASTLEBERRY - 81-1907896, 1101 30TH STREET NW STE 100A, WASHINGTON, DC	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	DC	N/A	N/A	N/A	N/A	X		N/A	X		N/A
RIVERVIEW HOUSING ASSOCIATES LP - 81-2138942, 3 CANAL PLAZA SUITE 501, PORTLAND, ME 04101	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	ME	N/A	N/A	N/A	N/A	X		N/A	X		N/A
NEW HERITAGE VILLAGE II LP 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	DC	N/A	N/A	N/A	N/A	X		N/A	X		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GALEN TERRACE, L.P. - 20-4189779, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	LOW INCOME HOUSING	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
LIBERTY PLACE APARTMENTS - 82-1881696, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	LOW INCOME HOUSING	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
NEW SAVANNAH PRESERVATION MANAGER LLC, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	LOW INCOME HOUSING	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
NEW SAVANNAH PRESERVATION PARTNERS LLC, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	LOW INCOME HOUSING	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MT HERMON VILLAGE LLC - 84-2675938, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	LOW INCOME HOUSING	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
REFINERY APARTMENTS LLC - 83-3848166, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	LOW INCOME HOUSING	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
REFINERY MANAGING MEMBER LLC - 83-3855239, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	LOW INCOME HOUSING	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
BRIARCLIFF APARTMENTS LLC - 45-0474412, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	LOW INCOME HOUSING	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
FAXON LLC - 84-2717488 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	LOW INCOME HOUSING	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
FIVE FORTY NEW PARK LLC - 85-2269546, 80 SHIELD STREET, WEST HARTFORD, CT 06110	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	CT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
NORTHEAST HEIGHTS RESIDENTIAL PARTNERS LLC - 88-3472685, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
NORTHEAST HEIGHTS RESIDENTIAL MANAGER LLC - 88-3461854, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	LOW-INCOME HOUSING	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
NEW CONGRESS HEIGHTS PARTNERS LLC - 87-2954759, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
NEW CONGRESS HEIGHTS MANAGER LLC - 87-2991649, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	LOW-INCOME HOUSING	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
FC PHASE I LLC - 84-3556413 682 BERKMAR CIRCLE CHARLOTTESVILLE, VA 22901	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	VA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MHV PRESERVATION PARTNERS LP - 84-2249960, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A
VER PRESERVATION PARTNERS LLC - 88-0696155, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME	DC	N/A	N/A	N/A	N/A		X	N/A		X	N/A

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
NHTE BUCKINGHAM LLC - 27-2121262 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING -	DC	N/A	C CORP	N/A	N/A	N/A		X
NHTE BV3 PARCEL B LLC - 46-4820778 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	TO PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME	DC	N/A	C CORP	N/A	N/A	N/A		X
NHTE FREDERICKSBURG AFFORDABLE - 41-2120197 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	TO PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME	VA	N/A	C CORP	N/A	N/A	N/A		X
NHTE KENYON STREET PRESERVATION LLC - 26-2738465, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING -	DC	N/A	C CORP	N/A	N/A	N/A		X
NHTE PIEDMONT GARRETT SQUARE LLC - 82-0561040, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING -	VA	N/A	C CORP	N/A	N/A	N/A		X
NHTE R STREET LLC - 26-0901785 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING -	DC	N/A	C CORP	N/A	N/A	N/A		X
NHTE SOLAR MANAGER LLC - 46-3555775 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	TO EARN FEES FROM ENERGY SERVICE AGREEMENTS	DC	N/A	C CORP	N/A	N/A	N/A		X
NHTE WILLIAM BOOTH TOWER GP LLC - 27-0996544 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING -	DC	N/A	C CORP	N/A	N/A	N/A		X
SCRANTON AFFORDABLE HOUSING TRUST LLC - 26-0490821, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING -	PA	N/A	C CORP	N/A	N/A	N/A		X
WARD 1 HOUSING LLC - 46-2104641 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	TO PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME	DC	N/A	C CORP	N/A	N/A	N/A		X
JAYCEE TRUST LLC - 82-1863164 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING -	DC	N/A	C CORP	N/A	N/A	N/A		X
CINCINNATI NHTE HOUSING GP LLC - 81-2958204 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING	DC	N/A	C CORP	N/A	N/A	N/A		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
GALEN TERRACE PARTNERS, LLC - 20-1871687 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	LOW INCOME HOUSING	DC	N/A	C CORP	N/A	N/A	N/A		X
LIBERTY PLACE MANAGING MEMBER LLC - 82-1869956, 1101 30TH STREET NW STE 100A, WASHINGTON, DC 20007	LOW INCOME HOUSING	DC	N/A	C CORP	N/A	N/A	N/A		X
MASS PLACE MANAGING MEMBER - 81-5475600 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	LOW INCOME HOUSING	DC	N/A	C CORP	N/A	N/A	N/A		X
FAXON MANAGER LLC - 84-2731687 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	LOW INCOME HOUSING	DC	N/A	C CORP	N/A	N/A	N/A		X
PHOENIX NIMBUS GP LLC - 37-1789300 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME	DC	N/A	C CORP	N/A	N/A	N/A		X
FIVE FORTY NEW PARK MANAGER LLC - 85-2248891 80 SHIELD STREET WEST HARTFORD, CT 06110	LOW-INCOME HOUSING	CT	N/A	C CORP	N/A	N/A	N/A		X
FC PHASE I MANAGING MEMBER LLC - 85-1809631 682 BERKMAR CIRCLE CHARLOTTESVILLE, VA 22901	LOW-INCOME HOUSING	VA	N/A	C CORP	N/A	N/A	N/A		X
MHV PRESERVATION GP LLC - 84-2233027 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	LOW-INCOME HOUSING	VA	N/A	C CORP	N/A	N/A	N/A		X
VER PRESERVATION MANAGER LLC - 88-0636389 1101 30TH STREET NW STE 100A WASHINGTON, DC 20007	LOW-INCOME HOUSING	DC	N/A	C CORP	N/A	N/A	N/A		X

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NATIONAL HOUSING TRUST COMMUNITY DEVELOPMENT FUND	N	115,773.	FMV
(2) NATIONAL HOUSING TRUST COMMUNITY DEVELOPMENT FUND	O	1,155,890.	FMV
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

FIVE FORTY NEW PARK LLC

PRIMARY ACTIVITY: ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING

NAME OF RELATED ORGANIZATION:

NORTHEAST HEIGHTS RESIDENTIAL PARTNERS LLC

PRIMARY ACTIVITY: ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING

NAME OF RELATED ORGANIZATION:

NEW CONGRESS HEIGHTS PARTNERS LLC

PRIMARY ACTIVITY: ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING

NAME OF RELATED ORGANIZATION:

FC PHASE I LLC

PRIMARY ACTIVITY: ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING

NAME OF RELATED ORGANIZATION:

MHV PRESERVATION PARTNERS LP

PRIMARY ACTIVITY: ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING

NAME OF RELATED ORGANIZATION:

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

VER PRESERVATION PARTNERS LLC

PRIMARY ACTIVITY: ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

BELTON WOODS HOUSING COMPANY

PRIMARY ACTIVITY: ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 200 UNITS

NAME OF RELATED ORGANIZATION:

CHANNEL SQUARE TRUST LLC

PRIMARY ACTIVITY: ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 200 UNITS

NAME OF RELATED ORGANIZATION:

KING PRESERVATION OF ILLINOIS LLC

PRIMARY ACTIVITY: ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 96 UNITS

NAME OF RELATED ORGANIZATION:

LAURELWOOD PLACE TRUST LLC

PRIMARY ACTIVITY: TO PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES

NAME OF RELATED ORGANIZATION:

NHTE BUCKINGHAM LLC

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PRIMARY ACTIVITY: ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 92 UNITS

NAME OF RELATED ORGANIZATION:

NHTE BV3 PARCEL B LLC

PRIMARY ACTIVITY: TO PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES

NAME OF RELATED ORGANIZATION:

NHTE FREDERICKSBURG AFFORDABLE

PRIMARY ACTIVITY: TO PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES

NAME OF RELATED ORGANIZATION:

NHTE KENYON STREET PRESERVATION LLC

PRIMARY ACTIVITY: ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 32 UNITS

NAME OF RELATED ORGANIZATION:

NHTE PIEDMONT GARRETT SQUARE LLC

PRIMARY ACTIVITY: ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 150 UNITS

NAME OF RELATED ORGANIZATION:

NHTE R STREET LLC

PRIMARY ACTIVITY: ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 130 UNITS

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

NAME OF RELATED ORGANIZATION:

NHTE WILLIAM BOOTH TOWER GP LLC

PRIMARY ACTIVITY: ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 130 UNITS

NAME OF RELATED ORGANIZATION:

SCRANTON AFFORDABLE HOUSING TRUST LLC

PRIMARY ACTIVITY: ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 188 UNITS

NAME OF RELATED ORGANIZATION:

PHOENIX NIMBUS GP LLC

PRIMARY ACTIVITY: PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES