Department of the Treasury

Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www irs gov/form990



B B Charder address C CName of organization D Employer Identification number MATHONAL LOW INCOME HOUSING COALITION 52–1089824 Dring Business As 52–1089824 Mumber and street (or P.0. box if mail is not delivered to street address) from/suite E Telephone number Target 727 15TH STREET, NW, 6TH FLOOR G creas receipts 3, 701, 422. MASHINGTON, DC 20005 Fhame and address of principal officer, SHEILA CROWLEY Ho) is this a group return F Name and address of principal officer, SHEILA CROWLEY Ho) is this a group return from of organization'. X [Orgonation] Trust Association] 0ther > L Year of formation: 1975 [M Site of legal domikie: DC Year of organization'. X [Corporation] Trust Association] 0ther > L Year of formation: 1975 [M Site of legal domikie: DC POLICY TO ASSURE THE LOWEST INCOME AMERICANS HAVE AFFORDABLE HOMES. 200 2 Check this box > I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body [Part V, line 12) 4 26 5 Total number of undividuals employed in calendary are 2013 (Part V, line 2a) 5 200 6 Total number of undividuals employed in calendary are 2013 (Part V, line 2b)	A Fo	or the	e 2013 calendar year, or tax year beginning and e	ending		
Bind State Doing Business As 52-1089824 Bind State Total ISTME STREET, NW, 6TH FLOOR E Telephone number Approved City or town, state or province, country, and ZP or foreign postal code 6. @reservenues 5, 701, 422. Approved SAME AS C ABOVE H(a) is this a group return for subordinates? Ves X No 1 Tax exempt status XI SIDI(0)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 1527 H(a) is this a group return for subordinates? No 1 Tax exempt status XI Corporation Trust Association Other No.* attach a list. (see instructions) H(b) exampt status No 1 Briefly describe the organization is mission or most significant activities: ACHIEVE SOCTALLY JUST PUBLIC POLICY TO ASSURE THE LOWEST INCOME AMERICANS HAVE AFFORDABLE HOMES. 2 Check this box > If the organization discontinued is operations or disposed of more than 25% of its net assets. 3 Number of volumeer servenue from Part VIII, column (C), line 12 5 20 2 Check this box > If the organization discontinued is operations or disposed of more than 25% of its net assets. 3 Number of volumeer servenue from Part VIII, column (C), line 2a) 6 733 3 Total unrelated business revenue from Form 9007, line 34 20 20	B Che app	eck if blicabl	e: C Name of organization		D Employer identific	ation number
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T27 15TH STREET, NW, 6TH (202) 622-1530 Arrented Presenter City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005 (202) 622-1530 Finame and address or principal officer: SHBILA CROWLEY (He) is this a group return for subordinates induced? Yes No 1 Tax exempt status: [X] 601(6)(3) 501(6)(1) (inset no.) 4947(a)(1) or 527 H(b) is this a group return for subordinates induced? Yes No 1 Tax exempt status: [X] 601(6)(3) 501(6)(1) (inset no.) 4947(a)(1) or 527 H(b) is eait subordinates induced? Yes No 1 Tax exempt status: [X] Corporation Trust Association 0ther is L year of formation: 1975 M state of legal domicile: DC Part I Summary 1 Tax exempt or indign of most significant activities: ACHIEVE SOCIALLY JUST PUBLIC POLICY TO ASSURE THE LOWERST INCOME AMERICANS HAVE AFFORDABLE HOMES. Check this box 1 8 26 4 Number of indign of moles of the govering body (Part VI, line 1a) 8 2 6 200 7 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 6			Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
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Image: Section of the sectin the sectin the sectin the sectin the section of th		return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,701,422.
F Name and address of principal officer/SHEILA CROWLEY for subordinates? Yes [X] No I Tax-exempt status: X] 501(c)(3] 501(c)((insert no.) 4947(a)(1) or 527 J website: WWN NLILHC ORG H(c) Group exemption number > K Form of organization: X] Corporation Tust Association Other > 1 (resc, address) Yes No Point I Summary Point I Summary I Single demonstration: X] Corporation Tust Association Other > L Year of formation: 1975 M State of legal domicle: DC Point I Summary Point I CY TO ASSURE THE LOWEST INCOME AMERICANS HAVE AFFORDABLE HOMES. 2 2 Check this box > I if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of independent voting members of the governing body (Part V, line 1a) 3 26 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 6 73 6 Trait unrelated business taxable income from Form 990-T, line 34. Prior Year Current Year 1 Other revenue (Part VIII, line 1h) 1, 629, 872. 865, 5955. 9 Program		tion	WASHINGION, DC 20005		H(a) Is this a group re	
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J Website: ▶ WWW.NLIHC.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 1975 M State of legal domicilie: DC Part I Summary Polic Y TO ASSURE THE LOWEST INCOME AMERICANS HAVE AFFORDABLE HOMES. 2 Check this box ▶ If the organization is mission or most significant activities: ACHIEVE SOCIALLY JUST PUBLIC Polic Y TO ASSURE THE LOWEST INCOME AMERICANS HAVE AFFORDABLE HOMES. 3 Number of voting members of the governing body (Part VI, line 1a) 3 26 3 Number of voting members of the governing body (Part VI, line 1a) 3 26 4 Number of individuals employed in calendar year 2013 (Part VI, line 2a) 5 20 6 Total number of volunteers (estimate if necessary) 6 773 7 a Total number of volunteers (estimate if necessary) 7 b 0. 9 Program service revenue (Part VIII, column (C), line 12 7 b 0. 10 Investment income (Part VIII, line 1h) 1, 629, 872. 865, 595. 9 Program service revenue (Part VIII, line 2g) 714, 558. 735, 970. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11, 1011, 103. 403, 317. 11			SAME AS C ABOVE		H(b) Are all subordinates inc	No Yes
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9 Program service revenue (Part VIII, line 2g) 714,558. 735,970. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 161,103. 403,317. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,950. 15,683. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,515,483. 2,020,565. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 20,445. 221,210. 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) 1,416,661. 1,546,280. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,416,661. 1,546,280. 16a Professional fundraising expenses (Part IX, column (D), line 25) 164,370. 924,576. 1,199,347. 17 Other expenses (Part IX, column (D), line 25) 164,370. 924,576. 1,199,347. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,361,682. 2,966,837. 19 Revenue less expenses. Subtract line 18 from line 12 153,801. -946,272. 19 Revenue less expenses. Subtract line 18 from line 20 314,076. 336,610.		•				
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Part II Signature Block	lanc	20	Total assets (Part X, line 16)			
Part II Signature Block	Ass Bal					
Part II Signature Block	Net					
	Par			····· I	-,,,	3,020,000
Under penalues of perjury, i declare that i have examined this return, including accompanying schedules and statements, and to the best of my knowledge and benef, it is			Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, 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	Signature of officer	Date
Here	SHEILA CROWLEY, PRESIDENT AND CEO	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	FRANK H. SMITH Frank H. Smith	10/02/14 ^d self-employed P00639053
Preparer	Firm's name RAFFA, P.C.	Firm's EIN 🕨 52–1511275
Use Only	Firm's address 1899 L STREET, NW, SUITE 900	
	WASHINGTON, DC 20036	Phone no. (202) 822-5000
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
332001 10-2	29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.	. Form 990 (2013)
		COPY

*** ELECTRONICALLY FILED ON 10/02/2014 ***

	990 (2013) NATIONAL LOW INCOME HOUSING COALITION 52-1089824 Pa
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: THE NATIONAL LOW INCOME HOUSING COALITION (NLIHC) IS DEDICATED SOLELY TO ACHIEVING SOCIALLY JUST PUBLIC POLICY THAT ASSURES PEOPLE WITH THE LOWEST INCOMES IN THE UNITED STATES HAVE AFFORDABLE AND DECENT HOMES.
	FOUNDED IN 1974, BY CUSHING DOLBEARE, NLIHC EDUCATES, ORGANIZES AND
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 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
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,405,506. including grants of \$ 221,210.) (Revenue \$ 735,97] NLIHC'S RECENT RESEARCH AND PUBLIC EDUCATION ACCOMPLISHMENTS INCLUDE
	-PUBLISHED 48 ISSUES OF MEMO TO MEMBERS, OUR ACCLAIMED NATIONAL WEEKL
	NEWSLETTER DISTRIBUTED TO MORE THAN 5,000 READERS; HOSTED A HOUSING
	POLICY CONFERENCE ATTRACTING MORE THAN 400 ADVOCATES, RESEARCHERS AND
	RESIDENTS; PRODUCED AND DISTRIBUTED TO COALITION MEMBERS THE ANNUAL
	ADVOCATES GUIDE, THE MOST COMPREHENSIVE RESOURCE ON AFFORDABLE HOUSING
	PROGRAMS AND ISSUES IN THE NATION; PRODUCED AND DISTRIBUTED OUR
	FLAGSHIP RESEARCH PRODUCT, OUT OF REACH; PUBLISHED TWO ISSUES OF
	HOUSING SPOTLIGHT, A SERIES THAT USES DATA FROM A VARIETY OF SOURCES
	HIGHLIGHT DIFFERENT AFFORDABLE HOUSING TOPICS; REGULARLY ENGAGED OUR
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4d	Other program services (Describe in Schedule O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 2,405,506. Form 990 (

3 09301002 786783 NLIHC

Form 990 (2	2013)	NATIONAL	LOW	INCOME	HOUSING	COALITION	
Part IV	Checklist of R	equired Scheo	dules				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	v	X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	7	
IZd		12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013)

2013.04030 NATIONAL LOW INCOME HOUSING NLIHC_1

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4 2013.04030 NATIONAL LOW INCOME HOUSING NLIHC_1

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21
Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23
Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No", <i>go to line 25a</i>	24a
Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b
Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d
Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a
Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b
Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27
Was the organization a party to a business transaction with one of the following parties (see Schedule I. Part IV	

		Form	990 (2013)
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
35a		35a	X	
	Part V, line 1	34	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u>л</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			x
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	contributions? If "Yes," complete Schedule M	30		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	instructions for applicable filing thresholds, conditions, and exceptions):			
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			

NATIONAL LOW INCOME HOUSING COALITION

52-1089824 Page 4

Yes

Х

Х

Х

No

Х

Х

Х

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Form 990 (2013)

Part V

NATIONAL LOW INCOME HOUSING COALITION Statements Regarding Other IRS Filings and Tax Compliance

52-1089824 Page 5

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

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

X

		1		-	Yes	
	Enter the number of voting members of the governing body at the end of the tax year	1 a	26	4		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.					
	Enter the number of voting members included in line 1a, above, who are independent		26	4		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
	officer, director, trustee, or key employee?			2		_
	Did the organization delegate control over management duties customarily performed by or under					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		_
	Did the organization make any significant changes to its governing documents since the prior Form			4		_
	Did the organization become aware during the year of a significant diversion of the organization's a			5	x	_
	Did the organization have members or stockholders?			6		
	Did the organization have members, stockholders, or other persons who had the power to elect or more members of the governing body?			7a	x	
	Are any governance decisions of the organization reserved to (or subject to approval by) members,	, stockh	olders, or			
	persons other than the governing body?			7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y					
	The governing body?			8a	X	╡
	Each committee with authority to act on behalf of the governing body?			8b	X	╡
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue	e Code.)			
0 -				40	Yes	
	Did the organization have local chapters, branches, or affiliates?			10a		_
	If "Yes," did the organization have written policies and procedures governing the activities of such			101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	+
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	oted you	re ming the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		flicts?	12a 12b	X	┥
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				<u> </u>	+
	in Schedule O how this was done			12c	X	
	Did the organization have a written whistleblower policy?			13	X	
	Did the organization have a written document retention and destruction policy?			14	X	4
	Did the process for determining compensation of the following persons include a review and appro	-	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1?			v	
	The organization's CEO, Executive Director, or top management official			15a	X	╡
	Other officers or key employees of the organization			15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang			40		
	taxable entity during the year?			16a		+
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org exempt status with respect to such arrangements?			16b		
	exempt status with respect to such arrangements?					
	List the states with which a copy of this Form 990 is required to be filed NONE					
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990)-T (Sect	ion $501(c)(3)$ s only)	availah	ole	
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explained)					
٩	Describe in Schedule O whether (and if so, how), the organization made its governing documents,		,	nd fina-		
	statements available to the public during the tax year.	CONNICT	or interest policy, ar	iu inal	icidi	
	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books	and roo	ords of the organize	tion:		
	PAUL KEALEY - (202) 507-7451	0005	-			

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per	(do box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)) than is bot	one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated	,	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MARK ALLISON	2.50	v		v				0	0	0
CHAIR		X		X				0.	0.	0.
(2) BRENDA CLEMENT	2.50			77				0	0	0
1ST VICE CHAIR		X		X				0.	0.	0.
(3) LEONARD WILLIAMS	2.50							0	0.	0
2ND VICE CHAIR	2.50	X		Х				0.	0.	0.
(4) CHRISTINE ALLAMANNO	2.50	x		x				0.	0.	0.
SECRETARY (5) MOISES LOZA	3.50			<u>^</u>				0.	0.	0.
TREASURER	5.50	x		x				0.	0.	0.
(6) WILLIAM APGAR	1.50							0.	• •	0.
DIRECTOR	1.50	x						0.	0.	0.
(7) DAVID BOWERS	1.50							0.	••	
DIRECTOR	1.50	x						0.	0.	0.
(8) MARY BROOKS	1.50									
DIRECTOR (UNTIL 03/2013)		x						0.	0.	0.
(9) MARIA CABILDO	1.50							•••		
DIRECTOR		x						0.	0.	0.
(10) DELORISE CALHOUN	1.50									
DIRECTOR		x						0.	0.	0.
(11) EMMA "PINKY" CLIFFORD	1.50									
DIRECTOR		x						0.	0.	0.
(12) MARCIE COHEN	1.50									
DIRECTOR		x						0.	0.	Ο.
(13) LOT DIAZ	1.50									
DIRECTOR		X						0.	0.	Ο.
(14) CHRIS ESTES	1.50									
DIRECTOR		X						0.	0.	Ο.
(15) BILL FAITH	1.50									
DIRECTOR		Х						0.	0.	0.
(16) DAISY FRANKLIN	1.50									
DIRECTOR		Х						0.	0.	0.
(17) MATT GERARD	1.50									
DIRECTOR		Х						0.	0.	0.
332007 10-29-13						_				Form 990 (2013)

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Part VI	Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)	
	Name and title	Average	(do	(do not check more than on				one	Reportable	Reportable	E	stimate	ed
		hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	ar	nount	of
		week			luau		Jirus		from	from related		other	
		(list any hours for	irecto						the	organizations		pensa	
		related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		om the anizati	
		organizations	rustee	ll trus		ee	mpen		(00-2/1099-00130)			d relate	
		below	dual t	utiona	_	nploy	st col	5				anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
(18) DE:	IRDRE GILMORE	1.50				<u> </u>							
DIRECTO	R		x						0.	0.			Ο.
(19) LI:	SA HASEGAWA	1.50											
DIRECTO	R		x						0.	0.			Ο.
(20) RA	CHAEL MYERS	1.50											
DIRECTO	R		x						0.	0.			Ο.
(21) MA	RLA NEWMAN	1.50											
DIRECTO	R		x						0.	0.			Ο.
(22) RE	YMONDO OCANAS	1.50											
DIRECTO	R (UNTIL 03/2013)		x						0.	0.			Ο.
(23) AN	N O'HARA	1.50											
DIRECTO	R		x						0.	0.			Ο.
(24) BO	B PALMER	1.50											
DIRECTO	R		x						0.	0.			Ο.
(25) GR	EG PAYNE	1.50											
DIRECTO	R		x						0.	0.			0.
(26) TA	RA ROLLINS	1.50											
DIRECTO			x						0.	0.			Ο.
1b Sub			I						0.	0.			0.
	al from continuation sheets to Part VI								399,163.	0.	5	2,6	
	al (add lines 1b and 1c)								399,163.	0.		2,6	
	al number of individuals (including but n								-	000 of reportable	-		
	npensation from the organization		1000	nore	Ju u,		c,	1011					3
												Yes	No
3 Did	the organization list any former officer,	director, or tru	iste	e, ke	ev er	nola	ovee	or	highest compensated e	mplovee on			
	1a? If "Yes," complete Schedule J for s										3		Х
	any individual listed on line 1a, is the su												
	I related organizations greater than \$150										4	Х	
	any person listed on line 1a receive or a										_		
	dered to the organization? If "Yes," com	•							·····		5		Х
	B. Independent Contractors	'											
1 Cor	nplete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors t	hat received more than	\$100.000 of compens	ation	irom	
	organization. Report compensation for												
	(A)				<u> </u>				(B)		(0)	
	Name and business	address	N	ONE	Ξ				Description of s	ervices C		nsatio	n
								_					
2 Tota	al number of independent contractors (i	ncluding but n	iot li	mite	d to	tho	se li	sted	above) who received m	ore than			
<u>\$1</u> 0	0,000 of compensation from the organi	zation 🕨					0						
S	SEE PART VII, SECTION	A CON	ΓII	NUZ	ΔT]	IOI	NS	SHI	EETS		Form	990 (2	2013)
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NATIONAL LOW INCOME HOUSING COALITION

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Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	oyee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(cl	heck		ition that		Iv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below	stee or director	Institutional trustee		Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	line)	Indi	Inst	Officer	Key	Hig	Fori			
(27) MARTHA WEATHERSPOON DIRECTOR	1.50	x						0.	0.	0.
(28) PAUL WEECH	1.50	<u> </u>						0.	0.	0.
DIRECTOR	1.50	x						0.	0.	0.
(29) SHEILA CROWLEY	40.00							•••		
PRESIDENT AND CEO				x				168,723.	Ο.	19,059.
(30) LINDA COUCH	40.00									
SVP, POLICY AND RESEARCH						Х		117,278.	0.	18,237.
(31) WILLIAM SHIELDS, JR.	40.00							112 100		1 - 01 -
VP, ADMINISTRATION (UNTIL 12/2013)						Х		113,162.	0.	15,317.
		1								
		1								
				-						
		1								
								399,163.		52,613.
Total to Part VII, Section A, line 1c	<u></u>							JJJ, 10J.		JZ, UTJ.

332201 05-01-13

Form 990 (2	013)		Λ	ATTONA
Part VIII		Statement	of	Revenue

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		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
tts Tts	1 :	Federated campaigns 1a	2,137.				
ar our		Membership dues 1b					
Am, S		Fundraising events					
ar Gift		Related organizations					
ini,		e Government grants (contributions)					
erio	t	All other contributions, gifts, grants, and					
Ę		similar amounts not included above 1f	863,458.				
Contributions, Gifts, Grants and Other Similar Amounts		Noncash contributions included in lines 1a-1f: \$					
<u>a</u> C		Total. Add lines 1a-1f		865,595.			
•	•	ANNUAL CONF./REGIS.	Business Code 900099	372,210.	372,210.		
vice		MEMBERSHIP DUES	900099	352,904.			+
Program Service Revenue		MEETING INCOME	900099	5,000.			+
E S		RESEARCH SERVICES	900099	4,000.			+
2 B C C C C C C C C C C C C C C C C C C		HONORARIA	900099	1,050.			+
Pre		All other program service revenue	900099	806.	806.		
		Total. Add lines 2a-2f		735,970.			
	3	Investment income (including dividends, inter		-			
		other similar amounts)		167,923.			167,923.
	4	Income from investment of tax-exempt bond p	oroceeds 🕨				
	5	Royalties	►				
		(i) Real	(ii) Personal				
		Gross rents 12,000.					
		Less: rental expenses					
		Rental income or (loss) 3,196.		2 106			2 106
		Net rental income or (loss)		3,196.			3,196.
	1	Gross amount from sales of (i) Securities 3907447.	(ii) Other				
		assets other than inventory 3907447.					
		and sales expenses 3672053.					
		Gain or (loss)					
		Net gain or (loss)	• • • • • • • • • • • • • • • • • • •	235,394.			235,394.
en	8 :	Gross income from fundraising events (not					
		including \$ of					
Seve		contributions reported on line 1c). See					
erF		Part IV, line 18 a					
Other Reven		b Less: direct expenses b					
		Net income or (loss) from fundraising events	····· ►				
	9 :	Gross income from gaming activities. See					
		Part IV, line 19 a					
		b Less: direct expenses b					
		Net income or (loss) from gaming activities	····· •				
	10	Gross sales of inventory, less returns and allowances a					
		Less: cost of goods sold b					
		Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11 :	DEFERRED LEASE INCENT.	900099	12,487.			12,487.
	I	,					
		All other revenue					
		• Total. Add lines 11a-11d	►	12,487.		-	
33200	12	Total revenue. See instructions.	►	2,020,565.	735,970.	0	. 419,000.
33200 10-29-	13			10		CO	Form 990 (2013)

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NATIONAL LOW INCOME HOUSING COALITION

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).

X

	Check if Schedule O contains a respon	se or note to any line in	this Part IX	, , , , , , , , , , , , , , , , , , , ,	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	179,628.	179,628.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	41,582.	41,582.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	187,782.	152,103.	22,534.	13,145.
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and				
7	Other salaries and wages	1,116,692.	878,812.	185,420.	52,460.
8	Pension plan accruals and contributions (include		0,0,011		02,1000
5	section 401(k) and 403(b) employer contributions)	32,046.	25,046.	5,447.	1,553.
9	Other employee benefits	101,875.	80,007.	5,447. 16,670.	1,553. 5,198. 5,717.
10	Payroll taxes	107,885.	84,961.	17,207.	5,717.
11	Fees for services (non-employees):				
а	Management				
b	Legal	4,469.	4,221.	189.	59.
с	Accounting	46,265.	43,701.	1,954.	610.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	73,798.		73,798.	
g	Other. (If line 11g amount exceeds 10% of line 25,	200 104	201 026	12 225	1 1 2 2
	column (A) amount, list line 11g expenses on Sch 0.)	<u>299,194.</u> 210.	281,836. 178.	13,225.	4,133.
12	Advertising and promotion	180,243.	150,175.	19,013.	11,055.
13	Office expenses	7,281.	6,066.	768.	447.
14 15	Information technology	7,201.	0,000.	7001	<u> </u>
16	Royalties Occupancy	218,770.	179,783.	27,608.	11,379.
17	Travel	62,228.	61,991.	181.	56.
18	Payments of travel or entertainment expenses	,	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	216,429.	161,916.		54,513.
20	Interest	1,895.	1,603.	223.	69.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	44,953.	35,513.	7,193.	2,247.
23	Insurance	8,218.	6,492.	1,315.	411.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DUES & SUBSCRIPTIONS	24,272.	20,487.	2,884.	901.
b	MISCELLANEOUS EXPENSE	10,622.	8,982.	1,248.	392.
c d	BAD DEBT EXPENSE	500.	423.	59.	18.
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,966,837.	2,405,506.	396,961.	164,370.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
33201	0 10-29-13				Form 990 (2013)

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	2	Savings and temporary cash investments	268,162.	2	399,414.
	3	Pledges and grants receivable, net	500,000.	3	200,000.
	4	Accounts receivable, net	65,265.	4	35,714.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ß		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ϋ́	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	8,288.	9	22,637.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 337,662.			
	b	Less: accumulated depreciation 10b 243,467.	115,553.	10c	94,195.
	11	Investments - publicly traded securities	6,102,037.	11	6,024,728.
	12	Investments - other securities. See Part IV, line 11	226,744.	12	250,073.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,685.	15	2,685.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,288,734.	16	7,030,413.
	17	Accounts payable and accrued expenses	165,293.	17	170,102.
	18	Grants payable		18	
	19	Deferred revenue		19	59,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abi		Complete Part II of Schedule L		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	148,783.	25	107,508.
	26	Total liabilities. Add lines 17 through 25	314,076.	26	336,610.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
s		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	6,354,658.	27	6,440,703.
3ale	28	Temporarily restricted net assets	620,000.	28	253,100.
Щ Ц	29	Permanently restricted net assets		29	
۳.		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
Net Assets or Fund Balance	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds		32	
z	33	Total net assets or fund balances	6,974,658.	33	6,693,803.
	34	Total liabilities and net assets/fund balances	7,288,734.	34	7,030,413.
					Form 990 (2013)

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

Cash - non-interest-bearing

Savings and temporary cash investments

1

2

(B) End of year

967.

399,414.

(A) Beginning of year

268,162.

Form 990 (2013) Part X Balance Sheet

1

2

Form 990 (2013)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,020		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,966	5,8	37.
3	Revenue less expenses. Subtract line 2 from line 1	3		-946	5,2	72.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	,974	1,6	58.
5	Net unrealized gains (losses) on investments	5		642	2,0	88.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		23	3,3	29.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	6	,693	3,8	03.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					

	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
	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:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form 990 (2013)

SCHEDULE A	
------------	--

(Form 990 or 990-EZ)

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-FZ

Open to Public

OMB No. 1545-0047

Nomo	of the	organization	
Name	or the	organization	

		of the Treasury nue Service	Information abo	Attach to but Schedule A (Form 990				ot.	/6		-	to Publ ection	ic
Name	e of t	the organizati		Sur Schedule A (Form 390	01 990-22)			at www.irs			identifica		mber
				L LOW INCOME	HOUS	ING C	OALIT	ION			2-108		
Par	tl	Reason		ity Status (All organiz					ructions.				
The o	rgan	ization is not a	a private foundation	because it is: (For lines 1	I through ⁻	11, check	only one b	ox.)					
1 [-	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)					
2 [A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з [A hospital or	a cooperative hospi	tal service organization of	described	in section	170(b)(1)	(A)(iii).					
4 [A medical res	search organization of	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i i). Enter f	the hospita	al's nam	ne,
		city, and stat	e:										
5 [An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or o	perated by	a governi	mental uni	it describ	ed in		
_		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	te, or local governm	ent or governmental uni	t described	d in sectio	on 170(b)(⁻	1)(A)(v).					
7	Х	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	e general	public des	cribed	in
-		section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		An organizati	on that normally rec	eives: (1) more than 33 1	I/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	nd gross r	eceipts	from
		activities rela	ted to its exempt fur	nctions - subject to certa	in excepti	ons, and (2) no more	e than 33 1	3% of its	s support	from gros	s invest	tment
		income and ι	unrelated business ta	axable income (less sect	ion 511 ta	x) from bu	isinesses a	acquired b	y the orga	anization	after June	30, 197	75.
-		See section	509(a)(2). (Complete	e Part III.)									
10		An organizati	on organized and op	perated exclusively to te	st for publ	ic safety.	See sectio	on 509(a)(4	4).				
11		An organizati	on organized and op	perated exclusively for th	ne benefit (of, to perfe	orm the fu	nctions of,	or to carr	y out the	purposes	of one	or
		more publicly	v supported organiza	ations described in section	on 509(a)(⁻	1) or section	on 509(a)(2	2). See sec	tion 509(a)(3). Ch	eck the bo	x that	
		describes the	e type of supporting	organization and comple	ete lines 1	1e through	n 11 h.						
-		a 📖 Type I	b — Ту	/pe∥ c∟Ty	/pe III - Fu	nctionally	integrated	d	і 📖 Тур	e III - Nor	n-functiona	ally integ	grated
e				t the organization is not		-	-	-		-	-		
		foundation m	anagers and other t	han one or more publicly	/ supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 50	9(a)(2).	
f		•		ten determination from t									
		supporting o	rganization, check th	nis box									. 📖
g		•		organization accepted ar					• •				<u> </u>
				irectly controls, either al	one or tog	ether with	persons o	lescribed i	in (ii) and (iii) below		Yes	No
		0	0,										<u> </u>
				n described in (i) above?									<u> </u>
				person described in (i) o							11g(ii	i)	
h		Provide the f	ollowing information	about the supported or	ganization	(s).							
(i) M	lame	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did voi	u notify the	(vi) s	the	(vii) Amou	nt of mo	netarv
(1)		anization	(1) 211	(described on lines 1-9	in col. (i) lis			ion in col.	organizátio (i) organiz	on in col.		pport	notary
	5			above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	.?		••	
				(see instructions))	Yes	No	Yes	No	Yes	No			
-													

Schedule A (Form 990 or 990-EZ) 2013

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

332021 09-25-13

Total

09301002 786783 NLIHC

14 2013.04030 NATIONAL LOW INCOME HOUSING NLIHC__1



Schedule A (Form 990 or 990 EZ) 2013 NATIONAL LOW INCOME HOUSING COALITION 52-1089824 Page 2

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	978,062.	1271222.	1105244.	1629872.	865,595.	5849995.
2	Tax revenues levied for the organ-						
	ization'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	978,062.	1271222.	1105244.	1629872.	865,595.	5849995.
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)						2820469.
6	Public support. Subtract line 5 from line 4.						3029526.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	978,062.	1271222.	1105244.	1629872.	865,595.	5849995.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	125,237.	208,397.	313,399.	213,498.	179,923.	1040454.
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 IV.)					12,487.	12,487.
11	Total support. Add lines 7 through 10					,	<u>12,487.</u> 6902936.
	Gross receipts from related activities,	etc. (see instructio	ons)			12 3	,620,847.
	First five years. If the Form 990 is for	,	,	d fourth or fifth ta	ax vear as a sectio		<u> </u>
	organization, check this box and stor	-			-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				· · · · · · · · · · · · · · · · · · ·
14	Public support percentage for 2013 (ine 6. column (f) di	vided by line 11. c	column (f))		14	43.89 %
	Public support percentage from 2012		•			15	44.36 %
	33 1/3% support test - 2013. If the o					nore, check this bo	x and
	stop here. The organization qualifies	-					► X
b	33 1/3% support test - 2012. If the c						nis box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
h	10% -facts-and-circumstances tes	-	-				
~	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						s III
.0		and not one on a		a, 100, 17a, 01 17k		dulo A (Form 000	

Schedule A (Form 990 or 990-EZ) 2013

332022 09-25-13

09301002 786783 NLIHC

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

(Complete only if you checked the box on line 9 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.)

	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e)	2013	(f) Total
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
	Gross receipts from admissions,							
	merchandise sold or services per- formed, 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 bus-							
i	iness under section 513							
	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
	The value of services or facilities					1		
	furnished by a governmental unit to							
	the organization without charge							
						-		
	Total. Add lines 1 through 5				+	+		
	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
	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					-		
	Add lines 7a and 7b							
	Public support (Subtract line 7c from line 6.)							
	tion B. Total Support		1	1	1	1		
	dar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e)	2013	(f) Total
	Amounts from line 6							
	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							
i	acquired after June 30, 1975							
	Add lines 10a and 10b							
	Net income from unrelated business					1		
;	activities not included in line 10b,							
	whether or not the business is regularly carried on							
	Other income. Do not include gain					+		
	or loss from the sale of capital							
	assets (Explain in Part IV.)		<u> </u>		+	+		
	Total support. (Add lines 9, 10c, 11, and 12.)		L		<u> </u>		(0)	
	First five years. If the Form 990 is for	-			•			
	check this box and stop here tion C. Computation of Publ							····· 🕨
	•			a aluman (f)		45		
	Public support percentage for 2013 (I					15		
	Public support percentage from 2012					16		
	tion D. Computation of Inves		-					
	Investment income percentage for 20							
	Investment income percentage from 2					18		
19a 3	33 1/3% support tests - 2013. If the							
	more than 33 1/3% , check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation		►
		organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than	33 1/3%, a	and
I	33 1/3% support tests - 2012. If the	organization ala i						
b	33 1/3% support tests - 2012. If the line 18 is not more than 33 1/3%, che		top here. The org	anization qualifies	as a publicly supp	oorted or	ganization	🕨
b		ck this box and s						

				any additio					i, iirie 10, F	art II, iirie 17a	a OF 17D, and	d Part III, line 12
SCHEDUL									OTHER	INCOME	C:	
DEFERRE	D LE	ASE I	NCEN	TIVE								
2013 AM	OUNT	: \$	12.	487.								
		<u> </u>	,									
	_		_		_		_	_	_	_	_	
										<u> </u>		- 000 000
332024 09-25-13							17			Sched	ule A (Forn	1 990 or 990-EZ

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2013

Employer identification number

Name of the	organization
-------------	--------------

Schedule B

(Form 990, 990-EZ.

Department of the Treasury

Internal Revenue Service

or 990-PF)

itanie er tile er gamz		
	NATIONAL LOW INCOME HOUSING COALITION	52-1089824
Organization type (ch	neck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

NATIONAL LOW INCOME HOUSING COALITION

ON 52-1089824

(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	\$ 200,000. Person X Payroll Noncash Complete Part II for (c) (d) Type of contributions (c) (d) Type of contributions (c) (d) Payroll (c) (d) Type of contributions (c) Person X (c) (d) Noncash (complete Part II for Noncash Complete Part II for (c) (d) Noncash Y (complete Part II for Noncash Complete Part II for Noncash (complete Part II for Noncash Complete Part II for Noncash (complete Part II for Noncash Y Y Y (complete Part II for Noncash Y Y Y Y (complete Part II for Noncash Y Y Y Y Y
Name, address, and ZIP + 4	Total contributions Type of contributions
	\$ 150,000. Payroll Noncash Complete Part II for noncash contribut (c) (d) Total contributions Type of contribut \$ 100,000. Person 2 (Complete Part II for noncash contribut Payroll 2 (c) (d) 100 100 (c) (d) 100 100 (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)
	Total contributions Type of contributions Person 2 100,000. Payroll Noncash
	\$ 100,000. Payroll Noncash (Complete Part II fo
	noncash contribut
(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contrib
	\$ 100,000. \$ 100,000. Person Payroll Noncash (Complete Part II for noncash contribut)
(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contrib
	\$ 88,000. \$ 88,000. Complete Part II for noncash contribut
(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contrib
	\$ 50,000. \$ 50,000.
	(b) Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4

Employer identification number

NATIONAL LOW INCOME HOUSING COALITION

FION 52-1089824

(a) No	(b) Nome address and ZID + 4	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribut
		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
<u> 8 </u>		\$30,000.	Person X Payroll I Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
9		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
<u>10</u>		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Noncash (Complete Part II for noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
		\$	Person Payroll Noncash (Complete Part II for noncash contributio
3452 10-24-13		Schedule B (Form	990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	Page				
Name of organization	Employer identification number				
NATIONAL LOW INCOME HOUSING COALITION	52-1089824				

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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
23453 10.24-13		\$	990 990-F7 or 990-PF
23453 10-24-13	21 783 NLIHC 2013.04030 NAT		990, 990-EZ, or 990-PF

1	Exclusively conditions (a) through (e) and year. Complete columns (a) through (e) and the total of <i>exclusively</i> religious, charitable, e Use duplicate copies of Part III if addition	tc., contributions of \$1,000 or less for	(7), (8), or (10) organizations that total more than \$1,000 ons completing Part III, enter the year. _(Enter this information once.) \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	 t
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif and ZIP + 4	t Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	[
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	 t
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C	P	olitical Campaign a	and Lobbyi	ing Activities	5	OMB No. 154	5-0047
(Form 990 or 990-EZ)		anizations Exempt From Income	-	•		201	13
Department of the Treasury Internal Revenue Service	Complete	e if the organization is described rate instructions.	l below. 🕨 Attach	to Form 990 or Form C (Form 990 or 990-E	990-EZ.	Open to P Inspect	Public
If the organization answ	wered "Yes," to	Form 990, Part IV, line 3, or For			paign Activ	/ities), then	
 Section 501(c)(3) org 	anizations: Con	nplete Parts I-A and B. Do not com	plete Part I-C.				
 Section 501(c) (other 	r than section 50	01(c)(3)) organizations: Complete F	Parts I-A and C below	w. Do not complete Pa	art I-B.		
 Section 527 organiza 	•						
		Form 990, Part IV, line 4, or For					
		have filed Form 5768 (election und		•			
		have NOT filed Form 5768 (electio Form 990, Part IV, line 5 (Proxy				•	ŀA.
•	-	tions: Complete Part III.		-2 , Fait v , inte 550 (F	τολγ ταλ),		
Name of organization	, o. (o/ o.gaza				Employer	identification	number
		L LOW INCOME HOUS				2-10898	24
Part I-A Comple	ete if the org	panization is exempt unde	r section 501(c) or is a section {	527 orga	nization.	
	0	ation's direct and indirect political	1 0				
					► \$		
3 Volunteer hours					····· <u> </u>		
Part I-B Comple	te if the ord	anization is exempt unde	r section 501(c)(3)			
		incurred by the organization unde			► \$		
2 Enter the amount of	f anv excise tax	incurred by organization manager	s under section 495	55			
		n 4955 tax, did it file Form 4720 fo				Yes	No No
		, 				Yes	🗌 No
b If "Yes," describe in	Part IV.						
Part I-C Comple	ete if the org	panization is exempt unde	r section 501(c), except section	501(c)(3) .	
1 Enter the amount d	irectly expended	d by the filing organization for sect	ion 527 exempt fun	ction activities	►\$		
	0 0	ization's funds contributed to othe	0		•		
					►\$		
•		s. Add lines 1 and 2. Enter here an		•	▶ \$		
		1120-POL for this year?				Yes	No
		nployer identification number (EIN)					
		tion listed, enter the amount paid		-			
		omptly and directly delivered to a					
political action com	mittee (PAC). If	additional space is needed, provid	le information in Par	rt IV.			
(a) Name		(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's cor ter -0 I d	e) Amount of p ntributions rece promptly and c elivered to a se political organiz If none, ente	eived and directly eparate zation.
For Paperwork Reducti	on Act Notice,	see the Instructions for Form 99	0 or 990-EZ.	Scheo	dule C (For	m 990 or 990-	-EZ) 2013

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Schedule C (Form 990 or 990-EZ) 2013	NATIONAL	LOW INCOME HO	USING COALI	TION $52-1$	089824 Page 2
(election under sect		exempt under section	on 501(c)(3) and fil	ea Form 5/68	
	-	n affiliated group (and list i	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share		, , ,			
B Check ▶ └── if the filing organizat	ion checked bo	A and "limited control" pr	ovisions apply.		
	s on Lobbying I	-		(a) Filing organization's	(b) Affiliated group totals
(The term "expend	litures" means a	amounts paid or incurred	.)	totals	
1a Total lobbying expenditures to influ	ience public opir	nion (grass roots lobbying)			
b Total lobbying expenditures to influ	ience a legislativ	e body (direct lobbying)			
c Total lobbying expenditures (add lir	nes 1a and 1b)				
d Other exempt purpose expenditure	s				
e Total exempt purpose expenditures					
f_Lobbying nontaxable amount. Ente					
If the amount on line 1e, column (a) or		e lobbying nontaxable am			
Not over \$500,000	20	% of the amount on line 1e			
Over \$500,000 but not over \$1,000	.000 \$1	00,000 plus 15% of the ex	cess over \$500.000.		
Over \$1,000,000 but not over \$1,50		75,000 plus 10% of the ex			
Over \$1,500,000 but not over \$17,0					
Over \$17,000,000					
0101 011,000,000		,000,000.			
g Grassroots nontaxable amount (en	ter 25% of line 1	f)			
h Subtract line 1g from line 1a. If zero		,			
i Subtract line 1f from line 1c. If zero					
j If there is an amount other than zer					
					Yes No
reporting section 4911 tax for this				I	Yes No
(Some organize		r Averaging Period Under le a section 501(h) electio		plate all of the five	
, ,		ee the instructions for line			
		Expenditures During 4-Ye		.9,	
i	Loppying				1
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
· · · · · · · · · · · · · · · · · · ·					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990 EZ) 2013 NATIONAL LOW INCOME HOUSING COALITION 52-1089824 Page 3 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 e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
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:	x			
a 6	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		x		
	Mailings to members, legislators, or the public?	X		30),382.
	Publications, or published or broadcast statements?	X			5,000.
	Grants to other organizations for lobbying purposes?		X		
g		Х		24	1,757.
•	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		- / / 0 / 0
	Other activities?	x			3,759.
					3,898.
3 2 I	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5) or se	ction	
	501(c)(6).		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
Fai	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	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 exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
Prov	de 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, line 2; a	nd Part II-E	3, line 1.
	complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:				
EXI	PLANATION: NLIHC MAINTAINS AN ANNUAL SUBSCRIPTION W	ІТН С	APWIZ		
	ECTRONIC SERVICE THAT ENABLES NLIHC TO CONDUCT ONLI				
	IPAIGNS TARGETED TO LEGISLATORS AND OTHER PUBLIC OF				
		I ICIA	מא , מם		
AS	OTHER NON-LOBBYING ACTIVITIES.				

Schedule C (Form 990 or 990-EZ) 2013

09301002 786783 NLIHC

(For	THEDULE D m 990)	Complete if the org Part IV, line 6, 7, 8, 9, 10	al Financial Statements anization answered "Yes," to Form 990, 1, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990.	b.		2 Ope	n to Public	
	al Revenue Service	nformation about Schedule D (For	rm 990) and its instructions is at _{www in}	s gov/f			ation numb	_
Hun	-	NATIONAL LOW INCOM	E HOUSING COALITION			52-108		
Pa	rt I Organizations	s Maintaining Donor Advise	ed Funds or Other Similar Funds	s or A	ccounts	S.Complete	if the	
	organization answ	vered "Yes" to Form 990, Part IV, line						
			(a) Donor advised funds	(b) Funds a	and other ad	counts	
1		ear						
2		to (during year)						
3 4		during year) of year						_
4 5			writing that the assets held in donor advis	ed fun	ds			-
Ũ	-		exclusive legal control?				3 🗆 N	10
6			advisors in writing that grant funds can be					
			or donor advisor, or for any other purpose					
	impermissible private ber					🗌 Yes	<u>; </u>	10
Pa	rt II Conservation	Easements. Complete if the org	ganization answered "Yes" to Form 990, F	Part IV,	line 7.			
1			· _ ' ' ''		• •			
2	Complete lines 2a throug	h 2d if the organization held a quali	fied conservation contribution in the form	of a co	nservatior	n easement	on the last	
	day of the tax year.							
					Hel	d at the End	of the Tax Ye	ar
а	Total number of conserva	ation easements			2a			
b	v				2b			
C			ructure included in (a)		2c			
d			after 8/17/06, and not on a historic struct	ure				
~					2d			
3	vear	easements modified, transferred, re	leased, extinguished, or terminated by the	e organ	ization du	ring the tax		
4		property subject to conservation ea	sement is located					
5			riodic monitoring, inspection, handling of					
-	•		it holds?				s 🗆 N	ło
6			, and enforcing conservation easements d					
7			enforcing conservation easements during					
8	Does each conservation	easement reported on line 2(d) abov	ve satisfy the requirements of section 170	(h)(4)(E	B)(i)		·	
	and section 170(h)(4)(B)(i					🗀 Yes		10
9	In Part XIII, describe how	the organization reports conservation	ion easements in its revenue and expense	e stater	nent, and	balance she	et, and	
	include, if applicable, the	text of the footnote to the organiza	tion's financial statements that describes	the org	ganization'	s accountin	g for	
D.	conservation easements				<u></u>	A I -		
Ра		-	of Art, Historical Treasures, or O	ther a	Similar	Assets.		
	•	ganization answered "Yes" to Form					<u> </u>	
1 a			SC 958), not to report in its revenue stater					
		-	hibition, education, or research in furthera	nce of	public ser	vice, provid	e, in Part XII	Л,
h		o its financial statements that descri		t and h	alanco ob	oot worke e	fort biotoria	
b	-		SC 958), to report in its revenue statemen ducation, or research in furtherance of pu					
	relating to these items:		decation, or research in furtherance of pu	2010 201	vice, piov		wing amour	113
		n Form 990, Part VIII. line 1			▶ \$			
					F T			

Revenues included in Form 990, Part VIII, line 1		\$			
Assets included in Form 990, Part X		\$			
If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide					
e following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:					
evenues included in Form 990, Part VIII, line 1		\$			
ssets included in Form 990, Part X		\$			
	Assets included in Form 990, Part X the organization received or held works of art, historical treasures, or other similar assets for financial gain, p e following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: evenues included in Form 990, Part VIII, line 1	Assets included in Form 990, Part X the organization received or held works of art, historical treasures, or other similar assets for financial gain, provid e following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: evenues included in Form 990, Part VIII, line 1	Assets included in Form 990, Part X the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide e following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: evenues included in Form 990, Part VIII, line 1 \$		

Schedule D (Form 990) 2013

09301002 786783 NLIHC

26 2013.04030 NATIONAL LOW INCOME HOUSING NLIHC_1

		L LOW INCO					89824	
Pa	rt III Organizations Maintaining C							
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that a	are a significar	nt use of its	collection i	tems
	(check all that apply):							
а	Public exhibition	d		hange program	S			
b	Scholarly research	е	U Other					
С	Preservation for future generations							
4	Provide a description of the organization's c						t XIII.	
5	During the year, did the organization solicit of						7	
	to be sold to raise funds rather than to be m						Yes	└── No
Pa	TERMINING AND AND AND AND AND AND AND AND AND AND		te if the organizatio	n answered "Ye	es" to Form 9	90, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod						٦.,	┌┐
	on Form 990, Part X?					····· L	∐ Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			-	•	
							Amount	
	Beginning balance							
a	Additions during the year							
e	Distributions during the year							
T 0-	Ending balance						Yes	No No
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII							
	t V Endowment Funds. Complete i							
I U		i – – – – – i	(b) Prior year	(c) Two years t		e vears hack	(e) Four ye	are hack
10	Reginning of year balance	(a) Current year 6,315,733.	5,933,981.			o yours buok		
1a b	Beginning of year balance Contributions		•,•••,•••					
с С	Net investment earnings, gains, and losses	967,573.	683,744.					
с А	Grants or scholarships		,					
u	Other expenditures for facilities							
C		1,050,000.	301,992.					
f	Administrative expenses	_,,	,					
	End of year balance	6,233,306.	6,315,733.					
2	Provide the estimated percentage of the cur							
a	Board designated or quasi-endowment	100.00	%					
b	Permanent endowment .00	%	_,.					
c	Temporarily restricted endowment	• 0 0 %						
•	The percentages in lines 2a, 2b, and 2c show							
3a	Are there endowment funds not in the posse		ation that are held a	nd administere	d for the orga	nization		
	by:				a ter alle elga		Y	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations							X
b	If "Yes" to 3a(ii), are the related organization						3b	
4	Describe in Part XIII the intended uses of the						· • • • • •	
Pa	rt VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a. S	ee Form 990, P	art X, line 10.			
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Accumula	ated	(d) Book \	/alue
	· · · ·	basis (investr		(other)	depreciatio		-	
1a	Land							
	Buildings							
	Leasehold improvements		18	9,541.	166,	450.	23	,091.
	Equipment			1,978.		597.		,381.
	Other			6,143.		420.		,723.
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0(c).)		🕨		,195.
-						Schedule	D (Form 9	990) 2013

Part UI Investments - Other Securities. Complete if the cognization answerd "Yes" to Form 980, Part IX, line 11b. See Form 980, Part X, line 12. (a) Description of Security of addipty inscarsy areas at source) (b) Book value (c) Method of valuation: Cost or end of year market value (b) Financial derivatives (c) (c) Method of valuation: Cost or end of year market value (c) (c) (c) (c) (d) (c) (c) (c) (d) (c) (c) (c) (d) (c) (c) (c) (d) (c) (c) (c) (e) (c) (c) (c) (c) (d) (c) (c) (c) (c) (c) (e) (c) (c) (c) (c) (c) (e) (c) (c) (c) (c) (c) (c) (f) (c) (c) (c) (c) (c) (c) (c) (e) (c) (c) (c) (c) (c) (c) </th <th>Schedule D (Form 990) 2013 NATIONAL I</th> <th>OW INCOME HC</th> <th>USING COALITION</th> <th>52-1089824 Page 3</th>	Schedule D (Form 990) 2013 NATIONAL I	OW INCOME HC	USING COALITION	52-1089824 Page 3
(a) Description of about y networksy networksy and a second y. (b) Book value (c) Method of valuation: Cost or end of year market value (b) Francial deviations (c) (c) (c) (c) Cosely held aquity interests (c) (c) (d) (c) (c) (c) (d) (c) (c) (c) (d) (c) (c) (c) (e) (c) (c) (c) (f) (c) (c) (c) (f) (c) (c) (c) (f) (c) (c) (c) (c) (f) (c) (c) (c) (c) (c) (f) (c) (c) (c) (c) (c) (c) (f) (c) (c) <t< td=""><td>Part VII Investments - Other Securities.</td><td></td><td></td><td></td></t<>	Part VII Investments - Other Securities.			
1) Financial derivatives	Complete if the organization answered "Ye	s" to Form 990, Part IV,	line 11b. See Form 990, Part X,	line 12.
(2) Closely-held equity interests (3) (1) (4) (1) (8) (1) (9) (1) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (3) (2) (3) (2) (3) (2) (3) (2) (4) (2) (3) (2) (4) (2) (3) (2) (4) (2) (3) (2) (4) (2) (3) (3) (4) (4) (5) (2) (6) (3) (7) (4) (3) (4)	(a) Description of security or category (including name of security	/) (b) Book value	(c) Method of valuatio	n: Cost or end-of-year market value
(2) Cosey-held quity interests	(1) Financial derivatives			
(3) Other				
(B)				
(C) (D) (D)	(A)			
(b) (c) (c)	(B)			
(C) (C) (F) (C) (G) (C) (H) (C) (F) (C) (H) (C) (F) (F) (F)	(C)			
(F)	(D)			
(G) (H) (H) (H) (F) (F) (F)	(E)			
(+) Teal. (0.0, (b) must equal Form 990, Part X, col. (g) line 12.) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (3) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (4) (c) (c) (c) (6) (c) (c) (c) (7) (c) (c) (c) (6) (c) (c) (c) (6) (c) (c) (c) (7) (c) (c) (c) (a) Description (c) (c) (c) (1) (c) (c) (c) (c) (2) (c) (c) (c) (c) (c) (3) (c) (c) (c) (c) (c) (4) (c) (c) (c) (c) (c) (6) (c) <	(F)			
Total. (cd. (t) must equal Form 990, Part X, col. (B) line 12.) > Part Viiii Investments - Program Related. Complete if the organization answered "Yes" to 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 (c) (d) Description of investment (e) Method of valuation: Cost or end-of-year market value (f) (g) (g) (h) Method of valuation: Cost or end-of-year market value (f) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h)<td>(G)</td><td></td><td></td><td></td>	(G)			
Part VIII Investments - Program Related. Complete if the organization answered "Yes" to 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) (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (b) (c) (c) (c) (a) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	(H)			
Complete if the organization answered "Yes" to 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) (a) (b) (c) (c) (a) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (a) (c) (c	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) (b) (c) (Part VIII Investments - Program Related.			
(1) (2) (3) (4) (5) (6) (7) (7) (8) (9) (9) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (1) (2) (2) (3) (1) (2) (2) (3) (4) (4) (5) (6) (7) (7) (9) (9) (9) (1) (2) (3) (4) (4) (5) (6) (7) (8) (9) (9) (9) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 116 or 111. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value (b) Book value (1) (a) Description of liability (b) Book value (c) DEFERRED RENT (1) Federal income taxes <td>Complete if the organization answered "Ye</td> <td>s" to Form 990, Part IV,</td> <td>line 11c. See Form 990, Part X,</td> <td>line 13.</td>	Complete if the organization answered "Ye	s" to Form 990, Part IV,	line 11c. See Form 990, Part X,	line 13.
(2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (10) must equal form 990, Part X, col. (8) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) (a) Description (b) (b) (c) (c) (a) (c) (b) (c) (c) (c) (c) (c) (c) (c) (d) (c) (e) (c) (f) (c) (g) (c) (h) (c) (g) (c) (h) (c)				
(3) (4) (5) (6) (6) (7) (8) (9) (9) (10) (0) must equal Form 990, Part X, col. (8) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (a) Description (2) (3) (4) (5) (6) (7) (7) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1 (a) Description of liability (b) Book value (b) Book value (1) Federal income taxes (2) (1) (3) (2) DEFERRED RENT (4) (5) (5) (6) (1) Federal income taxes (2) (b) EFERRED RENT (4) (5) (6) (7) (7) (7) (8) <t< td=""><td>(1)</td><td></td><td></td><td></td></t<>	(1)			
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2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII I

Schedule D (Form 990) 2013

332053 09-25-13

	edule D (Form 990) 2013 NATIONAL LOW INCOME HOUSI				1089824 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem		Revenue per R	eturr	1.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	a.			
1				1	2,620,988.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а			642,088.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants		20 122		
d		2d	32,133.		
е	······································			2e	674,221.
3	Subtract line 2e from line 1			3	1,946,767.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	73,798.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	73,798.
_				5	2 020 565
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			Э	2,020,565.
	rt XII Reconciliation of Expenses per Audited Financial Stater	nents Wit		Retu	
	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	nents Wit	h Expenses per		irn.
	rt XII Reconciliation of Expenses per Audited Financial Stater	nents Wit	h Expenses per	Betu	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit	h Expenses per		irn.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit	h Expenses per		irn.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents Wit a. 2a	h Expenses per		irn.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nents Wit a 2a 2b	h Expenses per		irn.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	h Expenses per		rn. 2,901,843.
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per		rn. 2,901,843. 8,804.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	h Expenses per	1	rn. 2,901,843.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per	1 2e	rn. 2,901,843. 8,804.
Pa 1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	nents Wit 	h Expenses per	1 2e	rn. 2,901,843. 8,804.
Pa 1 2 b c d e 3	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2c 2d	h Expenses per	1 2e	rn. 2,901,843. 8,804. 2,893,039.
Pa 1 2 a b c d e 3 4 a b	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	h Expenses per 8,804. 73,798.	1 2e	rn. 2,901,843. 8,804. 2,893,039. 73,798.
Pa 1 2 a b c d a b c 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	h Expenses per 8,804. 73,798.	1 2e 3	rn. 2,901,843. 8,804. 2,893,039.

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.

PART V, LINE 4:

EXPLANATION: THE PURPOSE OF THE FUND IS TO ADVANCE THE MISSION OF NLIHC,

TO END THE AFFORDABLE HOUSING CRISIS IN AMERICA AND TO GENERATE FINANCIAL

GROWTH AND ASSURE THE FINANCIAL SECURITY OF NLIHC.

PART X, LINE 2:

EXPLANATION: NLIHC PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR

THE YEAR ENDED DECEMBER 31, 2013, AND DETERMINED THAT THERE ARE NO MATTERS

THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR THAT MAY

HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

332054 09-25-13

Schedule D (Form 990) 2013 NAT Part XIII Supplemental Information	IONAL LOW INCOM	E HOUSING	COALITION	52-1089824 Page 5
CHANGE IN VALUE OF CHAR				00.000
RENTAL EXPENSE				8,804.
TOTAL TO SCHEDULE D, PA	RT XI, LINE 2D			32,133.
				· · · ·
PART XII, LINE 2D - OTH	ER ADJUSTMENTS:			
RENTAL EXPENSE				8,804.
332055 09-25-13		30		Schedule D (Form 990) 2013
301002 786783 NLIHC	2013.04030	NATIONAL	LOW INCOME	HOUSING NLIHC_1

SCHEDULE F (Form 990)		the organizatio	ivities Outside the Ur n answered "Yes" on Form 990, Part	IV, line 14b, 1		OMB No. 1545-0047
Department of the Treasury	Information of		orm 990. See separate instructio			Open to Public
Internal Revenue Service Name of the organization		out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fo		Inspection Inspection number
NATIONAL LOW					52-1089	
		Activities Our	tside the United States. Comple	ete if the organ	ization answere	ed "Yes" on
	art IV, line 14b. Does the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other	assistance	
-	-		the selection criteria used to award the		, L	Yes No
United States.		C	procedures for monitoring the use of its	•	ther assistance	outside the
			an be duplicated if additional space is r (d) Activities conducted in region		vity lists d in (d)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
EUROPE (INCLUDING						
ICELAND & GREENLAND) 0	0	FUNDRAISING			1,680.
3 a Sub-total	0	0				1,680.
b Total from continua						
sheets to Part I \dots		0				0.
c Totals (add lines 3a	a o	0				1,680.
and 3b) LHA For Paperwork Re			tions for Form 990.		Schedule	F (Form 990) 2013

332071 10-03-13

NATIONAL LOW INCOME HOUSING COALITION Schedule F (Form 990) 2013 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
the IRS, or for which t	the grantee or counse	el has provided a sectior	recognized as charities by the n 501(c)(3) equivalency letter					



52-1089824

NATIONAL LOW INCOME HOUSING COALITION Schedule F (Form 990) 2013

(c) Number of

recipients

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(d) Amount of

cash grant

(e) Manner of

cash disbursement

Part III can be duplicated if additional space is needed.

(b) Region

(a) Type of grant or assistance

(g) Description of

non-cash assistance

Schedule F (Form 990) 2013

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

52-1089824

(f) Amount of

non-cash

assistance

Schedule F (Form 990) 2013 NATIONAL LOW INCOME HOUSING COALITION 52-1089824 Page 4 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect To Certain Foreign Corporations.</i> (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)</i>	Yes	X No

Schedule F (Form 990) 2013

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	OMB No. 1545-0047											
Information about Schedule I (Form 990) and its instructions is at www irs gov/form990 Employer identification Name of the organization Employer identification												
NATIONAL LOW INCOME HOUSING COALITION 52-1089824 Part I General Information on Grants and Assistance 52-1089824												
Constant on Grants and Assistance General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.												
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any												
recipient that received more than S 1 (a) Name and address of organization or government	\$5,000. Part II car (b) EIN	t be duplicated if addit (c) IRC section if applicable	ional space is need (d) Amount of cash grant	led. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
COLORADO COALITION FOR THE HOMELESS - 2111 CHAMPA STREET - DENVER, CO 80205	84-0951575	501(C)(3)	18,250.	0.			LOCAL WORK RELATED TO UNITED FOR HOMES EDUCATION AND OUTREACH.					
CONNECTICUT HOUSING COALITION 30 JORDAN LANE WETHERSFIELD, CT 06109	22-2976696	501(C)(3)	18,250.	0.			LOCAL WORK RELATED TO UNITED FOR HOMES EDUCATION AND OUTREACH.					
MAINE PEOPLE'S RESOURCE CENTER 565 CONGRESS STREET, SUITE 200 PORTLAND, ME 04101	22-2586108	501(C)(3)	18,250.	0.			LOCAL WORK RELATED TO UNITED FOR HOMES EDUCATION AND OUTREACH.					
HOUSING ACTION ILLINOIS 11 EAST ADAMS STREET CHICAGO, IL 60603	36-3585238	501(C)(3)	18,250.	0.			LOCAL WORK RELATED TO UNITED FOR HOMES EDUCATION AND OUTREACH.					
MICHIGAN DISABILITY RIGHTS COALITION - 3498 E. LAKE LANSING ROAD, SUITE 100 - EAST LANSING, MI 48823	38-2435517	501(C)(3)	18,250.	0.			LOCAL WORK RELATED TO UNITED FOR HOMES EDUCATION AND OUTREACH.					
MINNESOTA HOUSING PARTNERSHIP 2446 UNIVERSITY AVENUE SUITE 140 ST. PAUL, MN 55114		501(C)(3)	18,250.	0.			LOCAL WORK RELATED TO UNITED FOR HOMES EDUCATION AND OUTREACH.					
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice 	s listed in the line	1 table	e line 1 table				► 11. 0. Schedule I (Form 990) (2013)					

Schedule I (Form 990) NATIONAL LOW INCOME HOUSING COALITION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IEBRASKA HOUSING DEVELOPMENT							
SSOCIATION - 3883 NORMAL							LOCAL WORK RELATED TO
BOULEVARD, SUITE 206 - LINCOLN, NE							UNITED FOR HOMES
58506	47-0798048	501(C)(3)	10,000.	0.			EDUCATION AND OUTREACH.
NEW MEXICO COALITION TO END							LOCAL WORK RELATED TO
HOMELESSNESS - P.O. BOX 865 -							UNITED FOR HOMES
SANTA FE, NM 87504	85-0482896	501(C)(3)	9,000.	0.			EDUCATION AND OUTREACH.
SUPPORTIVE HOUSING NETWORK OF NY							LOCAL WORK RELATED TO
247 WEST 37TH STREET							UNITED FOR HOMES
NEW YORK, NY 10018	13-3755149	501(C)(3)	18,250.	0.			EDUCATION AND OUTREACH.
TENANTS AND NEIGHBORS							LOCAL WORK RELATED TO
236 WEST 27TH STREET							UNITED FOR HOMES
NEW YORK, NY 10001	14-1761209	501(C)(3)	18,250.	0.			EDUCATION AND OUTREACH.
NEW TORR, NI 10001	14-1701209	501(0)(3)	10,230.	0.			EDUCATION AND COTREACH.
WASHINGTON LOW INCOME HOUSING							LOCAL WORK RELATED TO
ALLIANCE - 1411 FOURTH AVENUE -							UNITED FOR HOMES
SEATTLE, WA 98101	91-1599354	501(C)(3)	14,628.	0.			EDUCATION AND OUTREACH.
,							

Schedule I (Form 990)

Schedule I (Form 990) (2013)

NATIONAL LOW INCOME HOUSING COALITION

52-1089824

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ACCOMMODATION AND TRAVEL FOR LOW INCOME					
INDIVIDUALS	62	29,082.	0.		
STUDENT STIPENDS	13	12,500.	0.		

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

PART I, LINE 2:

EXPLANATION: HOTEL AND TRAVEL ASSISTANCE IS FOR LOW INCOME INDIVIDUALS

PARTICIPATING IN OUR ANNUAL CONFERENCE. EXPENSES ARE BORNE AND PAID FOR BY

NLIHC, NOT THE INDIVIDUALS. IN THAT REGARD, THOSE EXPENSES ARE TRACKED AND

ACCOUNTED FOR IN THE SAME MANNER AS ALL OTHER EXPENSES.

OTHER GRANTS ARE MADE TO STATE PARTNER NONPROFIT ORGANIZATIONS, WHO ARE

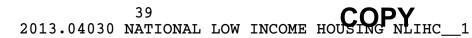
INVITED TO SUBMIT AN APPLICATION FOR GRANT FUNDING, IN WHICH THEY DESCRIBE

WHAT THEY WILL ACCOMPLISH WITH THE GRANT RESOURCES PROVIDED. IF APPROVED

NAMTONAL LOW INCOME HOUGING COALIMITON 52 1090924
Schedule I (Form 990) NATIONAL LOW INCOME HOUSING COALITION 52-1089824 Page 2 Part IV Supplemental Information
AND AWARDED, GRANTEES ARE REQUIRED TO SUBMIT AN INTERIM REPORT
APPROXIMATELY HALF-WAY THROUGH THE GRANT PERFORMANCE PERIOD DESCRIBING THE
ACTIVITIES THEY HAVE UNDERTAKEN AND THE RESULTS OF THOSE ACTIVITIES, AND
THEN A FINAL REPORT AT THE END OF THE GRANT PERIOD DESCRIBING FINAL
RESULTS. THESE REPORTS ARE CAREFULLY REVIEWED BY NLIHC FIELD STAFF WHO
FOLLOW UP ON ANY SIGNIFICANT DISCREPANCIES BETWEEN THE INITIAL PROPOSALS
AND THE INTERIM AND FINAL REPORTS.

Schedule I (Form 990)

332291 05-01-13



SC	HEDULE J Compensation Information	OMB No. 1	545-004	47
	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	20	12	,
•	Compensated Employees	20	IJ)
Dere	Truent of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Open to	Publi	ic
	truent of the Treasury al Revenue Service ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/forms	990 Inspe	ction	
Nan		mployer identification	on nui	nber
	NATIONAL LOW INCOME HOUSING COALITION	52-108982	4	
Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990	0,		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal			
	Travel for companions	lence		
	Tax indemnification and gross-up payments			
	Discretionary spending account	et)		
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	45		
2	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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 in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organizatio	n's		
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Image: Statistic compensation committee Image: Statistic compensation committee			
	Independent compensation consultant			
	X Form 990 of other organizations X Approval by the board or compensation compensation	nmittee		
	······································			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			Х
с	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			v
	The organization?			X
b	Any related organization?	<u>5</u> b		Λ
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	60		х
	The organization?			X
a	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6b		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
'	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	·····		
5	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	·····		
5	Regulations section 53.4958-6(c)?	9		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Forn	1 990)	2013
				-

Schedule J (Form 990) 2013

13 NATIONAL LOW INCOME HOUSING COALITION 52-1089824

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	in prior Form 990
(1) SHEILA CROWLEY	(i)	168,723.	0.	0.	8,487.	10,572.	187,782.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)				1			1



Cohodula			2012
Schedule J	FOILI	990)	2013

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.

Schedule J (Form 990) 2013

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

JHC

1

Inspection

Employer identification number

52-1089824

► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL LOW INCOME HOUSING COALITION

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

ADVOCATES TO ENSURE DECENT, AFFORDABLE HOUSING WITHIN HEALTHY

NEIGHBORHOODS FOR EVERYONE. OUR GOALS ARE TO PRESERVE EXISTING

FEDERALLY ASSISTED HOMES AND HOUSING RESOURCES, EXPAND THE SUPPLY OF

LOW INCOME HOUSING, AND ESTABLISH HOUSING STABILITY AS THE PRIMARY

PURPOSE OF FEDERAL LOW INCOME HOUSING POLICY.

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

1,000 MEMBERS IN EDUCATION AND ADVOCACY EFFORTS; COORDINATED THE

ACTIVITIES OF 64 STATE HOUSING AND HOMELESS COALITIONS IN 41 STATES;

AND TESTIFIED BEFORE CONGRESS AND ARRANGED BRIEFINGS FOR CONGRESSIONAL

STAFF.

-CONTINUED A ROBUST EDUCATION AND OUTREACH EFFORT TO PROMOTE THE CAPITALIZATION OF THE NATIONAL HOUSING TRUST FUND (NHTF) AND LAUNCHED A NEW UNITED FOR HOMES CAMPAIGN WHICH CALLS FOR MORTGAGE INTEREST DEDUCTION REFORM AS A MEANS TO PROVIDE A DEDICATED FUNDING STREAM FOR THE NHTF. PROMOTED THE CAMPAIGN TO MORE THAN 7,200 NATIONAL, STATE AND LOCAL ORGANIZATIONS THAT SUPPORT THE NHTF; UPDATED THEM ON CAMPAIGN DEVELOPMENTS USING ALERTS, CONFERENCE CALLS AND WEBINARS.

-PROMOTED MULTI-YEAR RESEARCH EFFORT, THE PRESERVATION CATALOG, THE FIRST PUBLICLY AVAILABLE NATIONAL INVENTORY OF ASSISTED HOUSING ACROSS FEDERAL SUBSIDY PROGRAMS INTEGRATED AT THE PROPERTY ADDRESS LEVEL.

-SPEARHEADED A MULTI-PART PROJECT TO CREATE THE CASE FOR BETTER

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2013)

 332211
 09-04-13

Name of the organization

NATIONAL LOW INCOME HOUSING COALITION

Employer identification number 52-1089824

ALIGNMENT OF EXISTING FEDERAL HOUSING PROGRAMS WITH HOUSING NEEDS.

-PUBLISHED AND DISTRIBUTED NATIONALLY THE NEWSLETTER TENANT TALK AS A RESOURCE FOR LOW INCOME PUBLIC HOUSING RESIDENTS, SUBSIDIZED HOUSING TENANTS, AND LOW INCOME PEOPLE INTERESTED IN HOUSING ISSUES-WITH A DISTRIBUTION OF 2,000 RECIPIENTS.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: NLIHC IS A MEMBERSHIP CORPORATION; ANY INTERESTED INDIVIDUAL OR ORGANIZATION SHARING OUR PURPOSES AND GENERALLY SUPPORTING OUR PROGRAMS IS ELIGIBLE FOR MEMBERSHIP. SUCH INDIVIDUALS ARE ELIGIBLE WITHOUT REGARD TO RACE, ETHNICITY, GENDER, RELIGION, INCOME, AND SEXUAL ORIENTATION. MEMBERS OF THE ORGANIZATION SHALL NOT BE BOUND BY SPECIFIC POSITIONS OF THE COALITION. ALL MEMBERS ARE ENCOURAGED TO FULLY PARTICIPATE IN THE AFFAIRS OF THE CORPORATION AND TO BRING FORWARD ISSUES FOR CONSIDERATION AND ACTION THROUGH ESTABLISHED PROCESSES AND PROCEDURES. THERE MAY BE DIFFERENT DUES ESTABLISHED FOR DIFFERENT CATEGORIES OF MEMBERS, INCLUDING INDIVIDUALS (LOW INCOME AND NON-LOW INCOME) AND ORGANIZATIONS (TENANT ASSOCIATIONS, NON-PROFIT ORGANIZATIONS, GOVERNMENT AGENCIES, AND FOR-PROFIT COMPANIES) WITH DUES ESTABLISHED ON A SLIDING SCALE ACCORDING TO BUDGET SIZE, AND SUCH OTHER CATEGORIES AS THE BOARD OF DIRECTORS MAY AGREE TO FROM TIME TO TIME. THERE MAY BE DIFFERENT DUES ESTABLISHED FOR DIFFERENT CATEGORIES OF MEMBERS, INCLUDING INDIVIDUALS (LOW INCOME AND NON-LOW INCOME) AND ORGANIZATION (TENANT ASSOCIATIONS, NON-PROFIT ORGANIZATIONS, GOVERNMENT AGENCIES, AND FOR-PROFIT COMPANIES) WITH DUES ESTABLISHED ON A SLIDING SCALE ACCORDING TO BUDGET SIZE, AND SUCH OTHER CATEGORIES AS THE BOARD OF DIRECTORS MAY AGREE TO FROM TIME TO TIME.

> 44 NLIHC_1

332212 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

INCLUDING THE RIGHT TO VOTE, AS MAY BE SET FORTH IN THE BYLAWS.

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

EXPLANATION: NLIHC'S FEDERAL FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. UPON ITS COMPLETION, THE DRAFT FORM 990 WAS REVIEWED BY THE BOARD OF DIRECTORS AND SIGNED BY THE PRESIDENT AND CHIEF EXECUTIVE OFFICER PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

EXPLANATION: NLIHC HAS A CONFLICT OF INTEREST/DISCLOSURE POLICY AND STATEMENT THAT EACH BOARD MEMBER AND STAFF MEMBER REVIEWS AND SIGNS ANNUALLY. IF A CONFLICT OF INTEREST ARISES, THE DIRECTOR OR OFFICER HAVING THE CONFLICT DOES NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION, AND WILL RETIRE FROM THE ROOM DURING THE DELIBERATIONS. ANY PROPOSED ACTIVITY OR TRANSACTION IN WHICH A DIRECTOR OR OFFICER HAS A CONFLICT OF INTEREST MUST BE APPROVED BY A MAJORITY OF THE DIRECTORS OF THE BOARD OF DIRECTORS OR OF THE APPLICABLE COMMITTEE OF THE BOARD OF DIRECTORS ENTITLED TO VOTE OTHER THAN THE INTERESTED DIRECTOR(S) AT A MEETING AT WHICH A QUORUM IS PRESENT, EVEN THOUGH THE DISINTERESTED DIRECTORS MAY CONSTITUTE LESS THAN A QUORUM. SUCH INTERESTED DIRECTOR(S), IF PRESENT, MAY BE COUNTED SOLELY FOR PURPOSES OF DETERMINING WHETHER A QUORUM IS PRESENT. THE MINUTES OF THE MEETING OF THE BOARD OF DIRECTORS OR THE COMMITTEE OF THE BOARD OF DIRECTORS REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON DID NOT VOTE OR PARTICIPATE IN THE FINAL DISCUSSIONS, AND, IF APPROPRIATE, WAS NOT PRESENT DURING SUCH DISCUSSIONS AND VOTE. 332212 09-04-13 Schedule O (Form 990 or 990-EZ) (2013) 45 PY NLIHC_1

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2013.04030 NATIONAL LOW INCOME HOUSING

Name of the organization

Page 2

WHERE THERE IS A DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER IS RESOLVED BY A VOTE OF THE BOARD OF DIRECTORS OR THE COMMITTEE OF THE BOARD OF DIRECTORS, EXCLUDING THE PERSON CONCERNING WHOSE SITUATION THE DOUBT HAS ARISEN.

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

EXPLANATION: NLIHC'S COMPENSATION REVIEW COMMITTEE CONDUCTS A SURVEY OF SALARIES OF EXECUTIVE DIRECTORS FROM COMPARABLE ORGANIZATIONS LOCATED IN OR NEAR THE DISTRICT OF COLUMBIA USING THE MOST RECENT DATA AVAILABLE. THE COMMITTEE MEETS AND DISCUSSES THE OVERALL PERFORMANCE AND EVALUATION OF THE EXECUTIVE DIRECTOR BASED ON, AT A MINIMUM, THE EXECUTIVE DIRECTOR'S SELF EVALUATION, INTERVIEWS WITH STAFF AND BOARD MEMBERS, AND THE SALARY COMPARABILITY STUDY. THE COMMITTEE THEN APPROVES A BRIEF SUMMARY OF ITS CONCLUSIONS AND RECOMMENDATIONS INCLUDING ITS ASSESSMENT OF THE EXECUTIVE DIRECTOR'S PERFORMANCE AND A SALARY RECOMMENDATION. THE DELIBERATIONS OF THE COMMITTEE ARE CONFIDENTIAL AND THE FINDINGS AND FINAL RECOMMENDATIONS OF THE COMMITTEE ARE THEN DELIVERED TO THE BOARD OF DIRECTORS IN EXECUTIVE SESSION AT THE NOVEMBER MEETING. THE BOARD OF DIRECTORS THEN ACTS ON THE FINDING AND RECOMMENDATIONS. THE FINDINGS AND RECOMMENDATIONS ARE THEN COMMUNICATED BY THE CHAIRPERSON OF THE COMMITTEE TO THE EXECUTIVE DIRECTOR AND A WRITTEN SUMMARY BECOMES PART OF THE EXECUTIVE DIRECTOR'S PERSONNEL FILE.

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

 EXPLANATION: NLIHC'S BYLAWS, BOARD MINUTES, CONFLICT OF INTEREST

 STATEMENTS, AND OTHER POLICY DOCUMENTS ARE MAINTAINED AT NLIHC'S OFFICES

 AND WILL BE MADE AVAILABLE TO ANYONE WHO REQUESTS TO SEE THEM. FINANCIAL

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Name of the organization NATIONAL LOW INCOME HOUSING COALITION	Employer identification numb 52-1089824
STATEMENTS ARE PUBLISHED EACH YEAR IN NLIHC'S ANNUAL REPOR	RT, WHICH IS
MAILED TO ALL MEMBERS AND SUPPORTERS AND POSTED ON THE NLI	IHC WEBSITE.
FORM 990, PART IX, LINE 11G, OTHER FEES: PAYROLL SERVICES:	
PROGRAM SERVICE EXPENSES	2,943
MANAGEMENT AND GENERAL EXPENSES	596
FUNDRAISING EXPENSES	186
TOTAL EXPENSES	3,725
ELECTRONIC SERVICES:	
PROGRAM SERVICE EXPENSES	120,375
MANAGEMENT AND GENERAL EXPENSES	6,654
FUNDRAISING EXPENSES	2,079
TOTAL EXPENSES	129,108
RESEARCH:	
PROGRAM SERVICE EXPENSES	56,312
MANAGEMENT AND GENERAL EXPENSES	(
FUNDRAISING EXPENSES	(
TOTAL EXPENSES	56,312
OTHER CONSULTANTS:	
PROGRAM SERVICE EXPENSES	102,200
MANAGEMENT AND GENERAL EXPENSES	5,975
FUNDRAISING EXPENSES	1,868
TOTAL EXPENSES	110,049
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	299,194

				Cohad	le O (Form 990 or 990-EZ) (20
		TABLE REMAINDE			23,32
ORM 990 PA		9, CHANGES IN	NET ASSETS:		
lame of the organizatio	NATIONAL L	OW INCOME HOUS	ING COALITIC	DN	Employer identification num 52-1089824

SCHEDULE R	
(Form 990)	

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. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990

Employer identification number 52-1089824

OMB No. 1545-0047

2013

Open to Public

. Inspection

NATIONAL LOW INCOME HOUSING COALITION

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

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 Part II 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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
NATIONAL LOW INCOME HOUSING POLICY CENTER -					NATIONAL LOW		
52-1137799, 727 15TH STREET, NW, 6TH FLOOR,					INCOME HOUSING		
WASHINGTON, DC 20005	NONE/DORMANT	DISTRICT OF COLUMBIA	501(C)(4)	N/A	COALITION	X	

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

Schedule R (Form 990) 2013

Schedule R (Form 990) 2013 NATIONAL LOW INCOME HOUSING COALITION

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. Part III

(a)	(b)	(c)	(d)	(e)	(1	f)	(g)	(I	ו)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded fr	ant income unrelated, om tax under	Share inco		end-	are of of-year sets	Disprop alloca	ortionate tions?	Code V-UE amount in b 20 of Sched	OX ^m	nanaging partner?	Percenta owners
		country)		sections	512-514)					Yes	No	K-1 (Form 10	65) Y	'es No	
														_	
Identification of Related Or organizations treated as a co	I ganizations Taxable a rporation or trust durir	as a Corpo ng the tax	I pration or Trust Co year.	I mplete if th	e organizati	on answe	ered "Yes'	" on For	m 990, Pa	I art IV, I	ine 34	L because it ha	d one	e or mo	re relat
(a)			(b)	(c)	(d)		(e))	(f))		(g)	(h)	(i) Secti
Name, address, and E of related organizatio		Prim		egal domicile (state or foreign	Direct cont entity		Type of e (C corp, S	entity S corp,	Share o	of total		Share of end-of-year	Perce	entage ership	Secti 512(b) contro entit
				country)			or tru	(12)			1	assets	1		

			1	()	163	NU
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52-1089824

Page 2

Schedule R (Form 990) 2013 NATIONAL LOW INCOME HOUSING COALITION

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1 During the tax year, did the organization engage in any of the following transact		-					
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entited						Х	
b Gift, grant, or capital contribution to related organization(s)				1 b		X	
c Gift, grant, or capital contribution from related organization(s)				1c		X	
d Loans or loan guarantees to or for related organization(s)				1d		X	
e Loans or loan guarantees by related organization(s)				<u>1e</u>		Х	
f Dividends from related organization(s)				1f		X X	
g Sale of assets to related organization(s)							
h Purchase of assets from related organization(s)				1h		Х	
i Exchange of assets with related organization(s)				1i		Х	
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х	
k Lease of facilities, equipment, or other assets from related organization(s)				1k		x	
 k Lease of facilities, equipment, or other assets from related organization(s) I Performance of services or membership or fundraising solicitations for related organization(s) 							
m Performance of services or membership or fundraising solicitations by related organization(s)							
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
 Sharing of paid employees with related organization(s) 						X X	
Pointpursoment paid to related organization(c) for expenses				1p		Х	
 p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 							
q heimbursement paid by related organization(s) for expenses				1 q		Х	
r Other transfer of cash or property to related organization(s)						Х	
s Other transfer of cash or property from related organization(s)						Х	
2 If the answer to any of the above is "Yes," see the instructions for information of							
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved			
)							
)							
)							
)							
j]							
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Schedule R (Form 990) 2013 NATIONAL LOW INCOME HOUSING COALITION

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 section 512-514)	(e) Are al partners 501(c) orgs.	II sec. (3) ?	(f) Share of total income	(g) Share of end-of-year assets	Dispr tior alloca	n) opor- nate tions?		(j Gener mana partr	ral or iging ner?	(k) Percentage ownership
				Yes	NO			Yes	NO	(1011111000)	Yes	NU	

Schedule R (Form 990) 2013

Schedule R	(Form 990) 2013	NATIONAL	LOW	INCOME	HOUSING	COALITION	52-1089824 _{Pa}
	Supplemental Inf Provide additional infor		e to quest	ions on Sch	dulo R (soo inst	ructions)	
		mation to response	s to quest				
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32165 09-12-	10				53		Schedule R (Form 990)
	786783 NLIH					LOW INCOME	HOUSING NLIHC

Form 990-PF

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С

Signature

Form 990-T (sec. 401(a) or 408(a) trust)

Telephone No. ► (202) 507-7451

Change in accounting period

State in detail why you need the extension

nonrefundable credits. See instructions.

previously with Form 8868.

box ▶ . If it is for part of the group, check this box ▶ .

I request an additional 3-month extension of time until

For calendar year 2013, or other tax year beginning

COMPLETE AND ACCURATE RETURN.

EFTPS (Electronic Federal Tax Payment System). See instructions.

it is true, correct, and complete, and that I am authorized to prepare this form.

If the tax year entered in line 5 is for less than 12 months, check reason:

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

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 and any amount paid

Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using

Title > CPA

Form 990-T (trust other than above)

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origi	nal (no copies needed).	
			Enter filer'	s identifying number, see inst	ructions
Type or	Name of exempt organization or other filer, see instru	uctions.		Employer identification numb	er (EIN) or
print					
File by the	NATIONAL LOW INCOME HOUSING	COAL	ITION	52-108982	4
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 727 15TH STREET, NW, 6TH FL		tions.	Social security number (SSN)	
instructions.	City, town or post office, state, and ZIP code. For a f WASHINGTON, DC 20005	oreign add	ress, see instructions.		
Enter the	Return code for the return that this application is for (fil	e a separa	te application for each return)		0 1
Applicatio	on	Return	Application		Return
Is For		Code	Is For		Code
	or Form 990-EZ	01			0000
Form 990	OF FORM SSO EZ	01			
Form 990 Form 990		02	Form 1041-A		08

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06

• The books are in the care of ► 727 15TH STREET, NW, 6TH FLOOR - WASHINGTON, DC 20005

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

ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A

Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief,

If the organization does not have an office or place of business in the United States, check this box

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

PAUL KEALEY

Form 5227

Form 6069

Form 8870

Fax No. 🕨

NOVEMBER 15, 2014.

and attach a list with the names and EINs of all members the extension is for.

, and ending

Final return

8a \$

8c \$

\$ 8b

Initial return



Date ► 8-14-14 Form 8868 (Rev. 1-2014)

Page 2 X

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