

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations), do not enter social security numbers on this form as it may be made public.

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

Department of the
Treasury

Internal Revenue Service

A For the 2024 calendar year, or tax year beginning 01-01-2024 , and ending 12-31-2024

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization NHT COMMUNITIES		D Employer identification number 31-1662007	
	Doing business as		E Telephone number (202) 333-8931	
	Number and street (or P.O. box if mail is not delivered to street address) 1101 CONNECTICUT AVE NW 700	Room/suite	G Gross receipts \$ 17,181,387	
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20036			
F Name and address of principal officer: PRIYA JAYACHANDRAN 1101 CONNECTICUT AVE NW 700 WASHINGTON, DC 20036			H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions. H(c) Group exemption number	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527				
J Website: N/A				
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other			L Year of formation: 1999	M State of legal domicile: DC

Part I **Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	5
5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	0	
6 Total number of volunteers (estimate if necessary)	6	39	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	838,589	636,584
	9 Program service revenue (Part VIII, line 2g)	13,380,327	15,675,615
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,668,714	-1,701,918
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,887,630	14,610,281
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	202,994	400
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,608,434	1,845,402
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>1,067,395</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,288,042	35,124,235
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	16,099,470	36,970,037
	19 Revenue less expenses. Subtract line 18 from line 12	2,788,160	-22,359,756
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	226,588,059	207,997,245
	21 Total liabilities (Part X, line 26)	174,550,585	177,418,456
	22 Net assets or fund balances. Subtract line 21 from line 20	52,037,474	30,578,789

Part II Signature Block

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

Sign Here	Signature of officer PRIYA JAYACHANDRAN PRESIDENT			2025-11-15			
	Type or print name and title			Date			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date 2025-11-14	Check ☐ if self-employed	PTIN P01340068
	Firm's name COHNREZNICK ADVISORY LLC					Firm's EIN 33-3709623	
	Firm's address 7501 WISCONSIN AVENUE SUITE 400E BETHESDA, MD 20814					Phone no. (301) 652-9100	

May the IRS discuss this return with the preparer shown above? See Instructions. ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2024)

Part III

Statement of Program Service Accomplishments

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

☒

1 Briefly describe the organization’s mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 31,924,522 including grants of \$ 400) (Revenue \$ 15,675,615)

NHT COMMUNITIES IS A 501(C)(3) NON-PROFIT AFFORDABLE HOUSING DEVELOPMENT COMPANY BASED IN WASHINGTON, DC WHOSE MISSION IS TO PRESERVE, IMPROVE AND DEVELOP AFFORDABLE, MULTIFAMILY HOUSING FOR NHT COMMUNITIES. THERE ARE FOUR CRITICAL ELEMENTS THAT MUST BE INCLUDED IN EVERY PRESERVATION OR DEVELOPMENT EFFORT, AS FOLLOWS: 1) SECURING LONG-TERM AFFORDABILITY, 2) DEVELOPING SOUND BUILDINGS, OR ADDRESSING EXISTING PHYSICAL AND CAPITAL NEEDS, 3) INCORPORATING SUSTAINABLE/GREEN BUILDING PRACTICES, AND 4) MAINTAINING OR INCORPORATING RESIDENT SERVICES AND COMMUNITY PROGRAMS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 31,924,522

Part IV

Checklist of Required Schedules

	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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 Yes	
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	3	No
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	No
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 Yes	
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	No
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
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	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?	11f	No
12a If "Yes," complete Schedule D, Part X, separately, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	No
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	No
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	40
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	0			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b				
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a				No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a				No
b Enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a				No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b				No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a				No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b				
7 Organizations that may receive deductible contributions under section 170(c).						
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a				No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b				
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c				No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e				No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f				No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8				
9 Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10 Section 501(c)(7) organizations. Enter:						
a 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:						
a 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.)		11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a 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		13b				
c Enter the amount of reserves on hand		13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a				No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b				
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		15				No
16 Is the organization a trust that must file Form 720, Schedule N, and is subject to the section 4968 excise tax on net investment income?		16				No
b If "Yes," complete Form 4720, Schedule O.						
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17				
If "Yes," complete Form 6069.						

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	No
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	Yes
13	Did the organization have a written whistleblower policy?	Yes
14	Did the organization have a written document retention and destruction policy?	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
15a	The organization's CEO, Executive Director, or top management official	No
15b	Other officers or key employees of the organization	No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:

PRIYA JAYACHANDRAN 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON,DC 20036 (202) 333-8931

Part VII

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

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

☒

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(1) CAROLINE HORTON BOARD MEMBERR	1.00	X						0	0	0
(2) ISMAEL GUERRERO BOARD MEMBER	1.00 1.00	X						0	0	0
(3) LUCY ARELLANO BAGLIERI BOARD MEMBER	1.00 1.00	X						0	0	0
(4) MARY TINGERTHAL BOARD MEMBER	1.00 1.00	X						0	0	0
(5) PRIYA JAYACHANDRAN PRESIDENT	10.00 30.00	X		X				337,700	0	23,709
(6) YUSEF FREEMAN BOARD MEMBER	1.00 1.00	X						0	0	0
(7) AMINA POOKRUM SECRETARY	40.00			X				82,160	0	14,127
(8) FATIMA DIABATE DIRECTOR OF HR (AS OF 6/11/2024)	37.00 3.00			X				90,694	0	13,640
(9) KEVIN WHITE VICE PRESIDENT	1.00 39.00			X				219,303	0	35,882
(10) NICOLE PROROCK TREASURER/CFO (UNTIL 11/22/2024)	10.00 30.00			X				212,548	0	25,930
(11) OLUSHOLA GIWA TREASURER (UNTIL 7/8/2024)	40.00			X				167,652	0	21,546
(12) STEVEN SPEARS TREASURER/CFO (AS OF 11/20/2024)	10.00 30.00			X				22,820	0	0

Part VIII

Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other	1a	Federated campaigns . .	1a	
Similar Amounts		Membership dues . .	1b	
		Fundraising events . .	1c	
		Related organizations	1d	
		Government grants (contributions)	1e	
		All other contributions, gifts, grants, and similar amounts not included above	1f	
		Noncash contributions included in lines 1a - 1f:\$	1g	
		h Total. Add lines 1a-1f		

Program Service Revenue	2a	RENTAL INCOME	Business Code				
			531110	11,585,867	11,585,867		
	b	PROGRAM SERVICE FEE	531110	1,316,271	1,316,271		
	c	ENERGERY BILLING INCOME	531110	880,702	880,702		
	d	LOAN REVENUE	531110	711,042	711,042		
	e	MANAGEMENT FEE	531110	629,543	629,543		
	f	All other program service revenue.		552,190	552,190		
	9	Total. Add lines 2a-2f.	15,675,615				

Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		388,829			388,829
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
				480,359			
		b Less: cost or other basis and sales expenses	7b	2,571,106	0		
		c Gain or (loss)	7c	-2,571,106	480,359		
	d	Net gain or (loss)		-2,090,747			-2,090,747
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
		b Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
		b Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances . .	10a				
		b Less: cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory . .					

Other	Revenue	Misc	Amt	Business Code				
				11a				
				b				
				c				
				d All other revenue				
				e Total. Add lines 11a-11d				
				12 Total revenue. See instructions	14,610,281	15,675,615	0	-1,701,918

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	400	400		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,267,711	1,153,616	76,064	38,031
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	246,099	223,950	14,766	7,383
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	80,050	72,846	4,803	2,401
9 Other employee benefits	69,432	63,183	4,166	2,083
10 Payroll taxes	182,110	165,720	10,927	5,463
11 Fees for services (non-employees):				
a Management				
b Legal	18,509	11,786	6,723	
c Accounting	6,385	4,066	2,319	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,768,847	2,944,376	635,878	188,593
12 Advertising and promotion				
13 Office expenses	4,794,436	3,883,412	623,275	287,749
14 Information technology				
15 Royalties				
16 Occupancy	4,724,290	3,826,685	614,146	283,459
17 Travel	53,070	42,987	6,899	3,184
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	6,394,008	6,394,008		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,980,980	3,735,735	996,196	249,049
23 Insurance	981,958		981,958	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BAD DEBTS	6,660,567	6,660,567		
b PROVISIONAL FOR LOAN LO	2,458,309	2,458,309		
c RESIDENT SERVICES	115,797	115,797		
d				
e All other expenses	167,079	167,079		
25 Total functional expenses. Add lines 1 through 24e	36,970,037	31,924,522	3,978,120	1,067,395
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).				

Part X

Balance Sheet

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

☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		4,495,820	1	4,895,143	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		475,121	3		
	4	Accounts receivable, net		3,273,566	4	3,473,397	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		21,802,349	7	29,224,193	
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		34,828	9	417,941	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	154,258,149			
	b	Less: accumulated depreciation	10b	15,782,640	141,497,576	10c	138,475,509
	11	Investments—publicly traded securities		658,017	11	1,014,916	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11		5,482,723	13	1,926,989	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		48,868,059	15	28,569,157	
16	Total assets: Add lines 1 through 15 (must equal line 33)		226,588,059	16	207,997,245		
Liabilities	17	Accounts payable and accrued expenses		5,411,284	17	4,248,503	
	18	Grants payable			18		
	19	Deferred revenue		5,303,573	19	5,748,519	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	559,123	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		148,724,079	23	141,966,905	
	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		15,111,649	25	24,895,406	
	26	Total liabilities: Add lines 17 through 25		174,550,585	26	177,418,456	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		51,658,351	27	30,467,131	
	28	Net assets with donor restrictions		379,123	28	111,658	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		52,037,474	32	30,578,789	
	33	Total liabilities and net assets/fund balances		226,588,059	33	207,997,245	

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,610,281
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,970,037
3	Revenue less expenses. Subtract line 2 from line 1	3	-22,359,756
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	52,037,474
5	Net unrealized gains (losses) on investments	5	47,359
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	853,712
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	30,578,789

Part 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 ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		No
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.		

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

Name of the organization NHT COMMUNITIES	Employer identification number 31-1662007
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☒

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
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) . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2023 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support test—2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	3,507,213	804,307	4,524,859	1,222,424	636,584	10,695,387
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	15,982,467	14,194,484	11,978,440	13,380,327	15,675,615	71,211,333
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	19,489,680	14,998,791	16,503,299	14,602,751	16,312,199	81,906,720
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b. .						0
8 Public support. (Subtract line 7c from line 6.)						81,906,720

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6. . .	19,489,680	14,998,791	16,503,299	14,602,751	16,312,199	81,906,720
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	733,305	2,889,030	4,108,877	2,988,781	388,829	11,108,822
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	733,305	2,889,030	4,108,877	2,988,781	388,829	11,108,822
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .	99,864	37,870		89,989		227,723
13 Total support. (Add lines 9, 10c, 11, and 12.) .	20,322,849	17,925,691	20,612,176	17,681,521	16,701,028	93,243,265
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f) divided by line 13, column (f))	15	87.840 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	85.600 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f) divided by line 13, column (f))	17	11.910 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	14.120 %
19a 33 1/3% support tests—2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	☒	
b 33 1/3% support tests—2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	☐	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	☐	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

Part V

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

1

☐

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7

☐

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			(continued)
Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9	Distributable amount for 2024 from Section C, line 6	9	
10	Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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

Facts And Circumstances Test	
Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2020 AMOUNT: \$ 62,795. VENDING / LAUNDRY - 2020 AMOUNT: \$ 37,069. 2021 AMOUNT: \$ 37,870. 2023 AMOUNT: \$ 89,989.

Additional Data

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Schedule B (Form 990) (Rev. January 2025) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
	Name of the organization NHT COMMUNITIES	Employer identification number 31-1662007

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization NHT COMMUNITIES	Employer identification number 31-1662007
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Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
NHT COMMUNITIES

Employer identification number
31-1662007

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
-		\$	

Name of organization NHT COMMUNITIES	Employer identification number 31-1662007
---	--

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c) (7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$

Use duplicate copies of Part III if additional space is needed.

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

Additional Data

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Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

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

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

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

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

Part III

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

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

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
b Assets included in Form 990, Part X ▶ \$ _____

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

Cat. No.
52283D

Schedule D (Form 990) (Rev. 1-2025)

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

Part V Endowment Funds.

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

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

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		47,563,230		47,563,230
b Buildings		100,079,298	11,172,259	88,907,039
c Leasehold improvements				
d Equipment				
e Other		6,615,621	4,610,381	2,005,240
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				138,475,509

Schedule D (Form 990) (Rev. 1-2025)

Part VII

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

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

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

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

(a) Description	(b) Book value
(1) ACCRUED INTEREST RECEIVABLE - INV	2,927,894
(2) SECURITY DEPOSITS	581,379
(3) DEVELOPER FEE RECEIVABLE	8,916,081
(4) OTHER ASSETS	9,013,133
(5) TAX CREDIT FEES	228,794
(6) RESERVES AND ESCROWS	6,901,876
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	28,569,157

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
OTHER LIABILITIES	808,550
DUE TO AFFILIATES	10,749,838
DEVELOPMENT FEE PAYABLE	3,342,905
LEASE LIABILITY	1,215,495
UNFUNDED COMMITMENT LIABILITY	47,312
INVESTMENT IN LIMITED LIABILITY COMPANIES AND LIMITED PARTNERSHIPS	8,731,306
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	24,895,406

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 2B:	THE ESCROW LIABILITY AMOUNTS ON FORM 990, PART X, LINE 21 CONSIST OF TENANT SECURITY DEPOSITS.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Schedule J
(Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization
NHT COMMUNITIES

Employer identification number

31-1662007

Part I

Questions Regarding Compensation

1a

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

☐ First-class or charter travel

☐ Travel for companions

☐ Tax idemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b

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

2

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

3

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

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ Approval by the board or compensation committee

4

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

a

Receive a severance payment or change-of-control payment?

b

Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c

Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

5

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

a

The organization?

b

Any related organization?

If "Yes," on line 5a or 5b, describe in Part III.

6

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

a

The organization?

b

Any related organization?

If "Yes," on line 6a or 6b, describe in Part III.

7

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

8

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

9

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

Yes

No

1b

2

4a

Yes

4b

No

4c

No

5a

No

5b

No

6a

No

6b

No

7

Yes

8

No

9

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

Cat. No. 50053T

Schedule J (Form 990) (Rev. 1-2025)

Part II

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PRIYA JAYACHANDRAN PRESIDENT	(i)	334,900	0	2,800	20,100	3,609	361,409	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
2 KEVIN WHITE VICE PRESIDENT	(i)	210,303	9,000	0	13,020	22,862	255,185	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 NICOLE PROROCK TREASURER/CFO (UNTIL 11/22/2024)	(i)	199,005	5,000	8,543	12,075	13,855	238,478	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
4 OLUSHOLA GIWA TREASURER (UNTIL 7/8/2024)	(i)	96,638	0	71,014	6,258	15,288	189,198	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 3	COMPENSATION FOR THE EXECUTIVE DIRECTOR/CEO IS DETERMINED BY THE NHT BOARD OF DIRECTORS AND IS REVIEWED EVERY YEAR BY THE BOARD'S EXECUTIVE COMMITTEE AS PER THE EXECUTIVE COMPENSATION POLICY. THEY OBTAIN RESEARCH AND COMPENSATION INFORMATION THAT ASSISTS IN DETERMINING THE SALARY, SUCH AS INDEPENDENT SALARY AND BENEFIT COMPENSATION STUDIES, WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZATIONS, DOCUMENTED PHONE CALLS ABOUT SIMILAR POSITIONS IN OTHER NON-PROFIT AND FOR-PROFIT ORGANIZATIONS, AND/OR INFORMATION OBTAINED FROM THE FORM 990 FILINGS OF SIMILAR ORGANIZATIONS. TO APPROVE THE COMPENSATION, THE BOARD MUST DOCUMENT HOW IT REACHED ITS DECISION AND THE DATA IN WHICH IT RELIED IN THE MEETING MINUTES THE EXECUTIVE COMMITTEE OF THE NHT BOARD ALSO EVALUATES THE PERFORMANCE OF THE CEO ANNUALLY. ALL OTHER OFFICERS AND STAFF'S SALARIES ARE DETERMINED BY THE CEO. EACH STAFF MEMBER RECEIVES AN ANNUAL REVIEW TO ASSESS PERFORMANCE AND SETS GOALS.
PART I, LINE 4A	OLUSHOLA GIWA, TREASURER, RECEIVED A SEVERANCE PAYMENT OF \$58,334 DURING 2024.
PART I, LINE 7	BONUS COMPENSATION IS BASED ON SPECIFIED BUDGET BEING ACHIEVED.

Additional Data

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Software Version:

Additional Data

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Software ID: Software Version:	
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Name of the organization
NHT COMMUNITIES

Employer identification number
31-1662007

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
(1) NHTE COPELAND MANOR LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 27-4156225	LOW INCOME HOUSING	DC	723,196	3,379,563	NHT COMMUNITIES
(2) NHTE SOUTH POINT LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 27-2828471	LOW INCOME HOUSING	DC	0	0	NHT COMMUNITIES
(3) EAST RIVER PRESERVATION PARTNERS LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 81-3954914	LOW INCOME HOUSING	DC	95,947	2,581,625	NHT COMMUNITIES
(4) MASS PLACE APARTMENTS LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 81-5469172	LOW INCOME HOUSING	DC	2,748,143	31,990,436	NHT COMMUNITIES
(5) NHTE OPPORTUNITY HOUSING LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 82-1749845	LOW INCOME HOUSING	DC	200,000	5,245,379	NHT COMMUNITIES
(6) NORTHEAST HEIGHTS RESIDENTIAL PARTNERS 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036	LOW INCOME HOUSING	DC	0	7,850,762	NHT COMMUNITIES
(7) NEW CONGRESS HEIGHTS MANAGER LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036	LOW INCOME HOUSING	DC	0	19,046,127	NHT COMMUNITIES
(8) NHT RENEWABLE OF DELAWARE LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036	LOW INCOME HOUSING	DC	922,767	6,522,852	NHT COMMUNITIES
(9) MHV GP PRESERVATION LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036	LOW INCOME HOUSING	DC	0	13,673,599	NHT COMMUNITIES
(10) REFINERY MANAGING MEMBER LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036	LOW INCOME HOUSING	DC	488,864	10,422,064	NHT COMMUNITIES
(11) WASHINGTON VIEW PRESERVATION PARTNERS LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 93-1450329	LOW INCOME HOUSING	DC	0	59,200,632	NHT COMMUNITIES
(12) NEW GT PRESERVATION LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 88-4145847	LOW INCOME HOUSING	DC	574,238	4,784,985	NHT COMMUNITIES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)NATIONAL HOUSING TRUST COMMUNITY DEVELOPMENT FUND 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 31-1539762	LENDING	DC	501(C)(3)	LINE 12A, I	NHT		No
(2)INSTITUTE FOR COMMUNITY ECONOMICS 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 04-2617283	LENDING	MA	501(C)(3)	LINE 10	NHT		No
(3)NATIONAL HOUSING TRUST COMMUNITY DEVELOPMENT FUND 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 52-1477599	AFFD HOUSING	DC	501(C)(3)	LINE 7	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
									Yes	No	
(1) 104TH STREET LIMITED PARTNERSHIP 1999 BROADWAY STREET SUITE 1000 DENVER, CO 80202 27-2755027	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	IL	N/A							No	
(2) 3145 MOUNT PLEASANT STREET LP 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 30-0754770	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DC	N/A					No			No
(3) BELTON WOODS LP 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 56-2280085	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 200 UNITS	SC	N/A					No			No
(4) BRIARCLIFF APARTMENTS LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 45-0474412	LOW INCOME HOUSING	DC	N/A					No			No
(5) BUCKINGHAM DEVELOPMENT 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 45-2120197	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DE	N/A					No			No
(6) BUCKINGHAM PARCEL B DEVELOPMENT LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 30-0869104	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	VA	N/A					No			No
(7) BUCKINGHAM VILLAGE LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 80-0601821	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 92 UNITS	DE	N/A					No			No
(8) BUCKINGHAM VILLAGE LP 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 27-0662664	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 92 UNITS	DE	N/A					No			No
(9) BV3 PARCEL B GENERAL LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 46-3845918	TO PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	VA	N/A					No			No
(10) BV3 PARCEL B LP 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 46-3839342	TO PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	VA	N/A					No			No
(11) CHANNEL SQUARE HOUSING HOLDING LLC 551 FIFTH AVENUE 23RD FL NEW YORK, NY 10178 90-1014871	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DE	N/A					No			No
(12) CHANNEL SQUARE PARTNERS LLC 4115 WISCONSIN NW SUITE 210 WASHINGTON, DC 20016 46-0092223	TO PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DC	N/A					No			No
(13) CUMBERLAND HOUSING PRESERVATION PARTNERS LP 3413 30TH STREET SAN DIEGO, CA 92104 27-0349533	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	MD	N/A					No			No
(14) CUMBERLAND PRESERVATION PARTNERS LLC 3413 30TH STREET SAN DIEGO, CA 92104 27-0349533	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	MD	N/A					No			No
(15) DAVENPORT MAHC LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20036 47-1752602	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING	MN	NHT COMMUNITIES	RELATED	-649	3,693,863		No		Yes	76.000 %
(16) DAVENPORT MAHC OWNER LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20036 47-4232478	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING	MN	N/A					No			No
(17) FAXON MANAGER LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20036 84-2717488	LOW INCOME HOUSING	DC	N/A					No			No
(18) FAXON MANAGER LLC 1101 30TH STREET NW STE 100A WASHINGTON, DC 20036 84-2717488	LOW INCOME HOUSING	DC	N/A					No			No
(19) FC PHASE 2 LLC 682 BERKMAR CIRCLE CHARLOTTEVILLE, VA 22902 92-1187087	LOW INCOME HOUSING	VA	N/A					No			No
(20) FC PHASE I LLC 682 BERKMAR CIRCLE CHARLOTTEVILLE, VA 22901 84-3556413	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING	VA	N/A					No			No
(21) FIVE FORTY NEW PARK LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 85-2269546	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING	CT	N/A					No			No
(22) FREDERICKSBURG AFFORDABLE HOUSING LP 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 01-0803505	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 147 UNITS	VA	N/A					No			No
(23) FREDERICKSBURG PRESERVATION PARTNERS LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 92-1862214	LOW INCOME HOUSING	DC	N/A					No			No
(24) GALEN TERRACE LP 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 20-4189779	LOW INCOME HOUSING	DC	N/A					No			No
(25) GREATVIEW DEVELOPMENT LP 707 SABLE OAKS DRIVE SOUTH PORTLAND, ME 04106 20-5657247	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 188 UNITS	PA	N/A					No			No
(26) GT DEVELOPMENT PARTNERS LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 92-0592492	LOW INCOME HOUSING	DC	N/A					No			No
(27) HARVARD HOUSE LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 27-4736016	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 56 UNITS	FL	N/A					No			No
(28) HESTON REALTY LLC 3 CANAL PLAZA SUITE 501 PORTLAND, ME 04101 46-5355207	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	ME	N/A					No			No
(29) HOMES FOR HAGERSTOWN GP LLC 318 SIXTH STREET SUITE 2 ANNAPOLIS, MD 21403 47-2754537	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	MD	N/A					No			No
(30) HOMES FOR HAGERSTOWN LLC 318 SIXTH STREET SUITE 2 ANNAPOLIS, MD 21403 47-2754738	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING	DE	N/A					No			No
(31) HOUSING COMPANY 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 45-0474412	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 30 UNITS	VA	N/A					No			No
(32) KING PRESERVATION LP 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 02-0619681	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 96 UNITS	IL	N/A					No			No
(33) LAURELWOOD HOUSING ASSOCIATES LP 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 46-5362666	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING	CT	N/A					No			No
(34) LIBERTY PLACE APARTMENTS 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 82-1881696	LOW INCOME HOUSING	DC	N/A					No			No
(35) MASS PLACE MANAGING MEMBER LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 81-5469172	LOW INCOME HOUSING	DC	N/A					No			No
(36) MERIDIAN MANOR - CHAPIN STREET LP 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 52-2282477	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 34 UNITS	DC	N/A					No			No
(37) MERIDIAN MANOR LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 47-1740666	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 34 UNITS	DC	NHT COMMUNITIES	RELATED	-47,286	183,529		No		Yes	60.000 %
(38) MHV PRESERVATION PARTNERS LP 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 84-2249960	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING	VA	N/A					No			No
(39) MOUNT PLEASANT STREET PARTNERS LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 46-1187385	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DC	N/A					No			No
(40) MT HERMON VILLAGE LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 84-2075938	LOW INCOME HOUSING	DC	N/A					No			No
(41) NEW CONGRESS HEIGHTS MANAGER LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 87-2991649	LOW-INCOME HOUSING	IL						No			No
(42) NEW CONGRESS HEIGHTS PARTNERS LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 87-2954759	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING	DC	N/A					No			No
(43) NEW HERITAGE VILLAGE II LP 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING	DC	N/A					No			No
(44) NEW SAVANNAH PRESERVATION MANAGER LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036	LOW INCOME HOUSING	DC	N/A					No			No
(45) NEW SAVANNAH PRESERVATION PARTNERS LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036	LOW INCOME HOUSING	DC	N/A					No			No
(46) NITE BALTIMORE AFFORDABLE HOUSING LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 45-2947081	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DC	NHT COMMUNITIES	RELATED	-655	9,520,489		No		Yes	79.000 %
(47) NITE PIEDMONT GARRETT SQUARE LP 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 83-38551042	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 150 UNITS	VA	N/A					No			No
(48) NITE ST DENNIS LP 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 27-2028471	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 32 UNITS	DC	N/A					No			No
(49) NORTHEAST HEIGHTS RESIDENTIAL MANAGER LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 89-3461854	LOW-INCOME HOUSING	DC	N/A					No			No
(50) NORTHEAST HEIGHTS RESIDENTIAL PARTNERS LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 88-3472685	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING	DC	N/A					No			No
(51) PHOENIX NIMBUS GP LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 37-1789300	PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	GA	N/A					No			No
(52) PHOENIX NIMBUS LP 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 47-4797298	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING	GA	N/A					No			No
(53) POINT OF VIEW LLC 707 SABLE OAKS DRIVE SOUTH PORTLA, ME 04108 20-2265498	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 188 UNITS	ME	N/A					No			No
(54) POPPLETON PARTNERS II LP 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 26-1759431	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 96 UNITS	MD	N/A					No			No
(55) R STREET PRESERVATION PARTNERS LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 20-8927132	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 130 UNITS	DC	N/A					No			No
(56) R STREET PRESERVATION PARTNERS LP 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 20-8927086	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 130 UNITS	DC	N/A					No			No
(57) REFINERY APARTMENTS LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 83-3848166	LOW INCOME HOUSING	DC	N/A					No			No
(58) REFINERY MANAGING MEMBER LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 83-3855239	LOW INCOME HOUSING	DC	N/A					No			No
(59) RIVERVIEW ASSOCIATES LP 3 CANAL PLAZA SUITE 501 PORTLAND, ME 04101 81-2138942	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING	ME	N/A					No			No
(60) TEQUESTA KNOLL LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 45-3764951	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 100 UNITS	FL	N/A					No			No
(61) THE NEW VILLAGES OF CASTLEBERRY HILL LP 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 81-1945202	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING	DC	N/A					No			No
(62) YER PRESERVATION PARTNERS LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 88-0696155	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING	DC	N/A					No			No
(63) VILLAGES OF CASTLEBERRY VILLAGES OF CASTLEBERRY 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 81-1907896	ACQUIRE, DEVELOP, OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING	DC	N/A					No			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?		
								Yes	No	
(1)BELTON WOODS HOUSING COMPANY 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 57-1134326	ACQUIRE, DEVELOP,OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 200 UNITS	SC	NHT COMMUNITIES	C			39,475	100.000 %	Yes	No
(2)BRIARCLIFF APARTMENTS LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 45-0474412	LOW INCOME HOUSING	DC	N/A	C						No
(3)CHANNEL RENEWABLE MANAGER LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 47-3707392	TO EARN FEES FROM ENERGY SERVICE AGREEMENTS	DC	N/A	C						No
(4)CHANNEL SQUARE TRUST LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 46-3566576	ACQUIRE, DEVELOP,OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 200 UNITS	DC	NHT COMMUNITIES	C		32,305	2,550,133	100.000 %	Yes	
(5)CINCINNATI NITE HOUSING GP LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 81-2958264	ACQUIRE, DEVELOP,OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING	DC	NHT COMMUNITIES	C		2	262,314	100.000 %	Yes	
(6)FAXON MANAGER LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 84-2717488	LOW INCOME HOUSING	DC	N/A	C						No
(7)FC PHASE 2 MANAGING MEMBER LLC 682 BERKMAR CIRCLE CHARLOTTESVILLE, VA 22902 92-1198218	LOW-INCOME HOUSING	VA	N/A	C						No
(8)FIVE FORTY NEW PARK MANAGER LLC 80 SHIELD STREET WEST HARTFORD, CT 06110 85-2248891	LOW-INCOME HOUSING	CT	N/A	C						No
(9)FREDERICKSBURG PRESERVATION MANAGER LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 88-4372013	LOW-INCOME HOUSING	DC	N/A	C						No
(10)GALEN TERRACE PARTNERS LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 20-1871687	LOW INCOME HOUSING	DC	NHT COMMUNITIES	C		960	304,660	43.000 %		No
(11)JAYCEE TRUST LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 82-1863164	ACQUIRE, DEVELOP,OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 188 UNITS	DC	NHT COMMUNITIES	C		109,449	128,877	100.000 %	Yes	
(12)KING PRESERVATION OF ILLINOIS LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 27-0017628	ACQUIRE, DEVELOP,OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 96 UNITS	IL	N/A	C						No
(13)LAURELWOOD PLACE TRUST LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 47-1740066	TO PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DC	NHT COMMUNITIES	C				100.000 %	Yes	
(14)LIBERTY PLACE MANAGING MEMBER LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 82-1869956	LOW INCOME HOUSING	DC	NHT COMMUNITIES	C			1,721,548	100.000 %	Yes	
(15)MASS PLACE MANAGING MEMBER 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 81-5475600	LOW INCOME HOUSING	DC	NHT COMMUNITIES	C			1,173,507	100.000 %	Yes	
(16)MHV PRESERVATION GP LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 84-2233027	LOW-INCOME HOUSING	VA	N/A	C						No
(17)MT HERMON VILLAGE LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 84-2675938	LOW INCOME HOUSING	DC	N/A	C						No
(18)NEW SAVANNAH PRESERVATION MANAGER LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036	LOW INCOME HOUSING	DC	N/A	C						No
(19)NEW SAVANNAH PRESERVATION PARTNERS LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036	LOW INCOME HOUSING	DC	N/A	C						No
(20)NITE BUCKINGHAM LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 27-2121262	ACQUIRE, DEVELOP,OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 92 UNITS	DC	NHT COMMUNITIES	C		1	410,825	100.000 %	Yes	
(21)NITE BV3 PARCEL B LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 46-4820778	TO PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	DC	NHT COMMUNITIES	C				100.000 %	Yes	
(22)NITE FREDERICKSBURG AFFORDABLE 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 41-2120197	TO PROVIDE SAFE AND AFFORDABLE HOUSING FOR LOW INCOME FAMILIES	VA	NHT COMMUNITIES	C		62,513	2,794,179	100.000 %	Yes	
(23)NITE KEYWON STREET PRESERVATION LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 26-2738465	ACQUIRE, DEVELOP,OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 32 UNITS	DC	NHT COMMUNITIES	C		1	975,918	100.000 %	Yes	
(24)NITE PIEDMONT GARRETT SQUARE LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 82-0961040	ACQUIRE, DEVELOP,OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 150 UNITS	VA	N/A	C						No
(25)NITE R STREET LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 26-0901785	ACQUIRE, DEVELOP,OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 130 UNITS	DC	NHT COMMUNITIES	C				100.000 %	Yes	
(26)NITE SOLAR MANAGER LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 46-3555775	TO EARN FEES FROM ENERGY SERVICE AGREEMENTS	DC	N/A	C						No
(27)NITE WILLIAM BOOTH TOWER GP LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 27-0996544	ACQUIRE, DEVELOP,OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 130 UNITS	DC	NHT COMMUNITIES	C				100.000 %		No
(28)REFINERY APARTMENTS LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 83-3848166	LOW INCOME HOUSING	DC	N/A	C						No
(29)REFINERY MANAGING MEMBER LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 83-3855239	LOW INCOME HOUSING	DC	N/A	C						No
(30)SCRANTON AFFORDABLE HOUSING TRUST LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 26-0490821	ACQUIRE, DEVELOP,OWN & OPERATE LOW-INCOME RESIDENTIAL HOUSING - 188 UNITS	PA	NHT COMMUNITIES	C		2,458	4,042	100.000 %	Yes	
(31)VER PRESERVATION MANAGER LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036 88-0636389	LOW-INCOME HOUSING	DC	N/A	C						No
(32)WARD 1 HOUSING LLC 1101 CONNECTICUT AVE NW SUITE 700 WASHINGTON, DC 20036	TO PROVIDE SAFE AND AFFORDABLE HOUSING FOR	DC	N/A	C						No

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

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

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

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l 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)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d	Yes	
1e	Yes	
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n	Yes	
1o	Yes	
1p		No
1q		No
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

[Return to Form](#)

Software ID:
Software Version: