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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

OMB No 1545-0047

2008

Open to Public  
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning SEP 1, 2008 and ending AUG 31, 2009

<b>B</b> Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>RESEARCH INSTITUTE FOR HOUSING AMERICA TRUST FUND</b> <b>Doing Business As</b> Number and street (or P O box if mail is not delivered to street address) <b>1717 RHODE ISLAND AVENUE, NW</b> Room/suite <b>400</b> City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20036</b>			<b>D</b> Employer identification number <b>36-6109824</b> <b>E</b> Telephone number <b>202-557-2700</b> <b>G</b> Gross receipts \$ <b>5,463,862.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ►
	<b>F</b> Name and address of principal officer: <b>EMILE J. BRINKMANN</b> <b>SAME AS C ABOVE</b>			
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
	<b>J</b> Website: ► <a href="http://WWW.HOUSINGAMERICA.ORG">WWW.HOUSINGAMERICA.ORG</a>			
	<b>K</b> Type of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			

L Year of formation **1953** M State of legal domicile **IL**

## Part I: Summary

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets
	3 Number of voting members of the governing body (Part VI, line 1a) <b>3</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b>
	5 Total number of employees (Part V, line 2a) <b>5</b>
	6 Total number of volunteers (estimate if necessary) <b>6</b>
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C) <b>7a</b> b Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b>
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1a) <b>0.</b>
	9 Program service revenue (Part VIII, line 2a)
	10 Investment income (Part VIII, column (A), lines 3-4 and 7a) <b>138,791.</b>
	11 Other revenue (Part VIII, column (A), lines 5-6d, 8c, 9d, 10c, 2nd, 11e) <b>&lt;48,507.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>90,284.</b>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>55,000.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4) <b>196,271.</b>
<b>Expenses</b>	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ► <b>32,403.</b>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>87,403.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>22,606.</b>
	19 Revenue less expenses. Subtract line 18 from line 12 <b>2,881.</b>
	20 Total assets (Part X, line 16) <b>4,750,132.</b>
21 Total liabilities (Part X, line 26) <b>70,253.</b>	
22 Net assets or fund balances. Subtract line 21 from line 20 <b>4,679,879.</b>	
<b>Beginning of Year</b> <b>End of Year</b> <b>4,750,132.</b> <b>4,094,250.</b> <b>70,253.</b> <b>148,235.</b> <b>4,679,879.</b> <b>3,946,015.</b>	

## 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	
<b>Sign Here</b> ► Signature of officer <b>EMILE J. BRINKMANN, TRUST ADMINISTRATOR</b> Type or print name and title	<b>7/14/2010</b> Date

<b>Paid Preparer's Use Only</b> Preparer's signature ► <b>Deborah S. Bennett</b> Firm's name (or yours if self-employed), address, and ZIP + 4 <b>TATE AND TRYON 805 15TH STREET, NW SUITE 900 WASHINGTON, DC 20005</b>	Date <b>7/14/10</b> Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) <b>EIN ►</b> Phone no ► <b>(202) 293-2200</b>
--	--

May the IRS discuss this return with the preparer shown above? (see instructions)

832001 12-18-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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 Yes  No

13

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**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION  
**THE MISSION OF THE RESEARCH INSTITUTE FOR HOUSING AMERICA IS TO PROMOTE AND DISSEMINATE KNOWLEDGE ON THE FUNCTIONING, STRUCTURE, AND FUTURE OF MORTGAGE MARKETS. AN EMPHASIS IS PLACED UPON ISSUES THAT WILL INFORM BOTH BUSINESS AND POLICY DECISIONS, WITH PARTICULAR**

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 60,271. including grants of \$ 60,271. ) (Revenue \$ 0.)  
**RIHA SPONSORED A SYMPOSIUM TO DEVELOP GREATER PUBLIC UNDERSTANDING OF THE CAUSES OF THE CURRENT PROBLEMS OF FANNIE MAE AND FREDDIE MAC AND POTENTIAL SOLUTIONS, INCLUDING BUT NOT LIMITED TO THE CAUSES OF THE CURRENT CREDIT CRISIS FACING THE RESIDENTIAL AND COMMERCIAL/MULTIFAMILY CREDIT MARKETS, AND TO HELP ASSURE THE BROAD AVAILABILITY OF A COMMON 'VOCABULARY' IN THE GENERAL MARKETPLACE OF IDEAS RELATIVE TO THE PURPOSES AND ACTIVITIES OF FANNIE MAE AND FREDDIE MAC, THE FUNCTIONS OF THE SECONDARY MORTGAGE MARKETS, RELEVANT ECONOMIC AND FINANCIAL CONCEPTS, AND THE POTENTIAL OPTIONS FOR DEALING WITH FANNIE MAE AND FREDDIE MAC.**

4b (Code: ) (Expenses \$ 40,000. including grants of \$ 40,000. ) (Revenue \$ 0.)  
**RISK MANAGEMENT IN MORTGAGE INDUSTRY - THIS PAPER WAS PUBLISHED IN MAY 2010.**

4c (Code: ) (Expenses \$ 30,000. including grants of \$ 30,000. ) (Revenue \$ 0.)  
**IMPACT OF THE RECESSION ON CONSUMER BEHAVIOR - THIS PAPER WAS PUBLISHED IN MAY 2010.**

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

(Expenses \$ 66,000. including grants of \$ 66,000. ) (Revenue \$ )

4e Total program service expenses ► \$ 196,271. (Must equal Part IX, Line 25, column (B))

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**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3 X	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12 X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the U.S.? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	14a X 14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16 X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19 X	
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20 X	
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K</i> <i>If "No", go to question 25</i> b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24a X 24b 24c 24d	
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a X	
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part II</i>	25b X	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part III</i>	26 X	
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part IV</i>	27 X	

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**Part IV Checklist of Required Schedules (continued)**

28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:

- a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

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

	Yes	No
28a		X
28b		X
28c		X
29		X
30		X
31		X
32		X
33		X
34	X	
35		X
36	X	
37		X

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," 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	X
b	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>	9b	
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	<b>Section 501(c)(7) organizations.</b> Enter: N/A	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b

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**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

**Section A: Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a	6	
1b	6	
2	X	
3	X	
4	X	
5	X	
6	X	
7a	X	
7b	X	
8a	X	
8b	X	
9a	X	
9b		
10	X	
11	X	

1a Enter the number of voting members of the governing body

1b Enter the number of voting members that 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?

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?

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a material diversion of the organization's assets?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9a Does the organization have local chapters, branches, or affiliates?

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

**Section B. Policies**

	Yes	No
12a	X	
b		
c		
13	X	
14	X	
15		
a		
b		
16a		
b		
16b		

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:

a The organization's CEO, Executive Director, or top management official?

b Other officers or key employees of the organization?

Describe the process in Schedule O. (see instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 ► NONE

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

Own website  Another's website  Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► ANGELA LAZEAR – 202-557-2700  
1717 RHODE ISLAND AVENUE, NW, NO. 400, WASHINGTON, DC 20036

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter **-0-** in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

**1b Total**

0. 2,605,176. 239,028.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization

-0-

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 0

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**Part VIII Statement of Revenue**

		<b>(A) Total revenue</b>	<b>(B) Related or exempt function revenue</b>	<b>(C) Unrelated business revenue</b>	<b>(D) Revenue excluded from tax under sections 512, 513, or 514</b>		
<b>Contributions, gifts, grants and other similar amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$						
	<b>h Total. Add lines 1a-1f</b>						
<b>Program Service Revenue</b>	2 a	<b>Business Code</b>					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	<b>g Total. Add lines 2a-2f</b>						
	<b>3</b>		Investment income (including dividends, interest, and other similar amounts)	146,388.			146,388.
<b>4</b>	Income from investment of tax-exempt bond proceeds	>					
<b>5</b>	Royalties	>					
<b>Other Revenue</b>	6 a	<b>(i) Real      (ii) Personal</b>					
	b						
	c						
	d						
	<b>7 a</b>		Gross Rents	5317474.			
	b		Less: rental expenses	6008978.			
	c		Gain or (loss)	<691504.>			
	d		Net gain or (loss)	>	<691,504.>		<691,504.>
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b	Less: direct expenses	b					
c	Net income or (loss) from fundraising events	>					
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b					
c	Net income or (loss) from gaming activities	>					
<b>10 a</b>	Gross sales of inventory, less returns and allowances	a					
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory	>					
	<b>Miscellaneous Revenue</b>	<b>Business Code</b>					
<b>11 a</b>							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		>				
<b>12</b>	<b>Total Revenue</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		<545,116.>	0.	0.	<545,116.>	

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Form 990 (2008)

**RESEARCH INSTITUTE FOR HOUSING AMERICA  
TRUST FUND**

Form 990 (2008)

36-6109824 Page 10

**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) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	<b>96,271.</b>	<b>96,271.</b>		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	<b>100,000.</b>	<b>100,000.</b>		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	<b>3,508.</b>	<b>3,508.</b>		
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	<b>19,098.</b>	<b>19,098.</b>		
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a				
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	<b>218,877.</b>	<b>196,271.</b>	<b>22,606.</b>	<b>0.</b>
26 Joint Costs. Check here ► <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**RESEARCH INSTITUTE FOR HOUSING AMERICA  
TRUST FUND**

Form 990 (2008)

36-6109824 Page 11

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash - non-interest-bearing	24,214.	1 26,719.
	2 Savings and temporary cash investments	169,328.	2 543,100.
	3 Pledges and grants receivable, net	25.	3 5.
	4 Accounts receivable, net		4
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges		9
	10a Land, buildings, and equipment: cost basis	10a	
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b	10c
	11 Investments - publicly traded securities	4,548,811.	11 3,311,068.
	12 Investments - other securities. See Part IV, line 11		12 209,390.
	13 Investments - program-related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11	7,754.	15 3,968.
	16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	4,750,132.	16 4,094,250.
Liabilities	17 Accounts payable and accrued expenses	3,753.	17 4,735.
	18 Grants payable	66,500.	18 143,500.
	19 Deferred revenue		19
	20 Tax-exempt bond liabilities		20
	21 Escrow account liability. Complete Part IV of Schedule D		21
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties		23
	24 Unsecured notes and loans payable		24
	25 Other liabilities. Complete Part X of Schedule D		25
	26 <b>Total liabilities.</b> Add lines 17 through 25	70,253.	26 148,235.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.	4,679,879.	27 3,946,015.
	27 Unrestricted net assets		28
	28 Temporarily restricted net assets		29
	29 Permanently restricted net assets		
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	4,679,879.	33 3,946,015.
	34 Total liabilities and net assets/fund balances	4,750,132.	34 4,094,250.

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

    b Were the organization's financial statements audited by an independent accountant?

    c If "Yes" to lines 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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

    b If "Yes," did the organization undergo the required audit or audits?

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

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

OMB No 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**2008**  
Open to Public  
Inspection

**Name of the organization** RESEARCH INSTITUTE FOR HOUSING AMERICA  
TRUST FUND **Employer identification number** 36-6109824

**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: (Please check only one organization)

- 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.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 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 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 the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
 

a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting-organization, check this box \_\_\_\_\_

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
MORTGAGE BANKERS ASSO	36-1505650	501(C) (6)	X		X		X		
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2008

**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.)

**Section A: Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 <b>Total.</b> Add lines 1 - 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B: Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b>					<b>12</b>	

**13 First five 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 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

**Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)****Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five 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** ►

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section C. Computation of Public Support Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** 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 - 2007.** 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 ►

**Schedule D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545-0047

**2008**Open to Public  
InspectionName of the organization **RESEARCH INSTITUTE FOR HOUSING AMERICA  
TRUST FUND**Employer identification number  
**36-6109824****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?  Yes  No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	<b>Held at the End of the Year</b>
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/17/06	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►	2d

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, violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

1b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

**RESEARCH INSTITUTE FOR HOUSING AMERICA  
TRUST FUND**

Schedule D (Form 990) 2008

36-6109824 Page 2

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

3 Using the organization's 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 XIV

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 Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to 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 Investment earnings or 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-year-end balance held as:

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

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

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

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

► 0

Schedule D (Form 990) 2008

RESEARCH INSTITUTE FOR HOUSING AMERICA  
TRUST FUND

Schedule D (Form 990) 2008

36-6109824 Page 3

**Part VII Investments - Other Securities.** 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>ALTERNATIVE INVESTMENTS</b>	<b>209,390.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>Total</b> (Col (b) should equal Form 990, Part X, col (B) line 12.)	<b>209,390.</b>	

Total. (Col (b) should equal Form 990, Part X, col (B) line 12) ► 209,390.

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

Total. (Col (b) should equal Form 990, Part X, col (B) line 13 ) ►

**Part IX Other Assets. See Form 990, Part X, line 15.**

**Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)**

**Part X Other Liabilities. See Form 990, Part X, line 25.**

(a) Description of liability	(b) Amount	
Federal income taxes		

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)

In Part XIV, 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.

832053  
12-23-08

RESEARCH INSTITUTE FOR HOUSING AMERICA  
TRUST FUND

Schedule D (Form 990) 2008

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**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	1	<545,116. >
2	2	218,877.
3	3	<763,993. >
4	4	
5	5	
6	6	
7	7	
8	8	30,129.
9	9	30,129.
10	10	<733,864. >

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	1	<534,085. >
2		
a	2a	30,129.
b	2b	
c	2c	
d	2d	
e	2e	30,129.
3	3	<564,214. >
4		
a	4a	19,098.
b	4b	
c	4c	19,098.
5	5	<545,116. >

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	1	199,779.
2		
a	2a	
b	2b	
c	2c	
d	2d	
e	2e	0.
3	3	199,779.
4		
a	4a	19,098.
b	4b	
c	4c	19,098.
5	5	218,877.

**Part XIV Supplemental Information**

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**UNREALIZED GAIN ON INVESTMENTS: 30129.**

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
► Attach to Form 990.

Name of the organization **RESEARCH INSTITUTE FOR HOUSING AMERICA  
TRUST FUND**

**Part I** General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States		Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ►					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ASSOCIATION OF HOME BUILDERS - 1201 15TH ST. NW - WASHINGTON, DC 20005	88-0359303	501(c)(6)	3,000.	0.			SPONSORSHIP - AREAUA FOR MIDYEAR MEETING
JOINT CENTER FOR HOUSING STUDIES, HARVARD UNIVERSITY - 1033 MASSACHUSETTS AVE 5TH FL - CAMBRIDGE, MA 02138	53-0199180	501(c)(3)		8,000.			SPONSORSHIP - HARVARD JOINT CENTER STATE OF THE NATION HOUSING REPORT
MORTGAGE BANKERS ASSOCIATION 1717 RHODE ISLAND AVE NW WASHINGTON, DC 20036	36-1505650	501(c)(6)		15,000.			SALARY EXPENSE SUPPLEMENT - RIHA ADMIN/EDITORIAL
AMERICAN ENTERPRISE INSTITUTE 1150 SEVENTEENTH ST NW WASHINGTON, DC 20036	53-0218495	501(c)(3)		10,000.			SUPPORT AEI RESEARCH PROGRAM'S FINANCIAL MARKET AND REGULATIONS
MORTGAGE BANKERS ASSOCIATION 1717 RHODE ISLAND AVE NW WASHINGTON, DC 20036	36-1505650	501(c)(6)		60,271.			RESEARCH/EDUCATIONAL PROGRAMS/SYMPOSIUM SPONSORSHIP

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

► 2. \_\_\_\_\_ 2.  
3. \_\_\_\_\_ 2.

Schedule I (Form 990) 2008

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RESEARCH PAPER: STUDIES ON DEMOGRAPHIC TRENDS	1	30,000.	0.		
RESEARCH PAPER: IMPACT OF THE RECESSION ON CONSUMER BEHAVIOR	1	30,000.	0.		
RESEARCH PAPER: RISK MANAGEMENT IN MORTGAGE INDUSTRY	1	40,000.	0.		

Environmental Information Committee this must to provide the information required in Part 1 line 2 and any other additional information.

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STATE FINANCE: MBA STAFF, ACTING ON BEHALF OF KING, HAVE

IN REVIEWING RESEARCH PRODUCTS THAT ARE SUPPORTED THROUGH THESE GRANIS:

ADDITIONALLY, GRANT PROPOSALS AND PAST PAYMENTS ARE REVIEWED WITH THE BOARD

**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees**2008**Open to Public  
Inspection

Name of the organization

RESEARCH INSTITUTE FOR HOUSING AMERICA  
TRUST FUNDEmployer identification number  
36-6109824**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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

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) and 501(c)(4) organizations must complete lines 5-8.**

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

a The organization?  
b Any related organization?

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

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

a The organization?  
b Any related organization?

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

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

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

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

Schedule J (Form 990) 2008

832111  
12-23-08

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.**

For each individual whose compensation must be reported in Schedule C, Do not list any individuals that are not listed on Form 990, Part VII.

Note: The limit of detection is the minimum amount of analyte that can be detected with 95% confidence. It is calculated as 3 times the standard deviation of the blank divided by the slope of the calibration curve (D). It is expressed in nanograms per milliliter (ng/mL).

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

RESEARCH INSTITUTE FOR HOUSING AMERICA  
TRUST FUND

Employer identification number  
36-6109824

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

THE RESEARCH INSTITUTE FOR HOUSING AMERICA TRUST FUND WAS CREATED BY THE MORTGAGE BANKERS ASSOCIATION TO ENCOURAGE AND SUPPORT RESEARCH AND HIGHER EDUCATION ACTIVITIES IN THE FIELD OF MORTGAGE BANKING. THE TRUST AWARDS GRANTS TO EDUCATIONAL INSTITUTIONS IN ORDER TO PROMOTE HIGHER EDUCATIONAL STANDARDS, AND PREPARE COURSES AND PUBLICATIONS RELATED TO MORTGAGE BANKING AND REAL ESTATE FINANCE.

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

ATTENTION GIVEN TO EMERGING FINANCIAL AND ECONOMIC CHANGES WITHIN, AND AFFECTING, THOSE MARKETS.

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

STUDIES ON DEMOGRAPHIC TRENDS - THIS PAPER WAS RELEASED IN EARLY APRIL 2010. WE ARE DISTRIBUTING THE PAPER ON THE RIHA WEBSITE AND THROUGH THE SOCIAL SCIENCE RESEARCH NETWORK (SSRN).

EXPENSES \$ 30000. INCLUDING GRANTS OF \$ 30000. REVENUE \$ 0.

MBA SALARY EXPENSE SUPPLEMENT - MBA STAFF PROVIDES ADMINISTRATIVE AND EDITORIAL SERVICES FOR RIHA. THIS SUPPLEMENT IS INTENDED TO REIMBURSE FOR THOSE SERVICES.

EXPENSES \$ 15000. INCLUDING GRANTS OF \$ 15000. REVENUE \$ 0.

SPONSORSHIP - HARVARD JOINT CENTER, STATE OF THE NATION HOUSING REPORT -- THE STATE OF THE NATION'S HOUSING REPORT HAS BEEN RELEASED ANNUALLY BY HARVARD UNIVERSITY'S JOINT CENTER FOR HOUSING STUDIES SINCE 1988.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

RESEARCH INSTITUTE FOR HOUSING AMERICA  
TRUST FUND

Employer identification number  
36-6109824

NOW IN ITS 21ST YEAR, IT CONTINUES TO SERVE AS AN ESSENTIAL RESOURCE FOR BOTH PUBLIC POLICY MAKERS AND PRIVATE DECISION MAKERS IN THE HOUSING INDUSTRY. RIHA HAS BEEN A CO-SPONSOR OF THE REPORT FOR MANY YEARS. THE REPORT IS POSTED ON THE JOINT CENTER'S WEBSITE AND IS WIDELY CITED.

EXPENSES \$ 8000. INCLUDING GRANTS OF \$ 8000. REVENUE \$ 0.

SPONSORSHIP - AREUEA FOR MID-YEAR MEETING - THE AREUEA MID-YEAR CONFERENCE IS HELD IN WASHINGTON DC OVER A TWO DAY PERIOD TYPICALLY THE FIRST WEEK OF JUNE. THE SESSIONS ARE INFORMATIVE AND AMPLE TIME IS PROVIDED TO ALLOW FOR INTENSE DISCUSSION AMONG THE PRESENTERS AND SESSION PARTICIPANTS. POLICY MAKERS, ACADEMICS, AND REAL ESTATE PRACTITIONERS FROM ALL OVER THE COUNTRY HAVE COME TO RELY ON THE LEADING RESEARCH AND VIGOROUS DISCUSSIONS THAT ARE A MID-YEAR TRADITION. RIHA HAS BEEN A CO-SPONSOR OF THIS CONFERENCE FOR MANY YEARS. APPROXIMATELY 200-300 PEOPLE ATTEND THE CONFERENCE EACH YEAR.

EXPENSES \$ 3000. INCLUDING GRANTS OF \$ 3000. REVENUE \$ 0.

SUPPORT FOR AMERICAN ENTERPRISE INSTITUTE FOR PUBLIC POLICY RESEARCH (AEI) PROGRAMS FINANCIAL MARKET AND REGULATIONS - PURPOSE:  
RESEARCH/EDUCATIONAL

EXPENSES \$ 10000. INCLUDING GRANTS OF \$ 10000. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS OF MORTGAGE BANKERS ASSOCIATION, THE SUPPORTED ORGANIZATION, APPOINTS THE BOARD OF TRUSTEES OF RIHA.

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

RESEARCH INSTITUTE FOR HOUSING AMERICA  
TRUST FUND

Employer identification number  
36-6109824

FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES WITH  
AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS REVIEWED BY THE  
EXECUTIVE DIRECTOR AND CFO BEFORE IT IS FILED. A COPY OF THE FORM 990 IS  
THEN PROVIDED TO EACH MEMBER OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 12C: RIHA DOES NOT HAVE A CONFLICT OF  
INTEREST POLICY. RIHA HAS MINIMAL ACTIVITY, AND THE TRUST ADMINISTRATOR, AS  
A MORTGAGE BANKERS ASSOCIATION (MBA) EMPLOYEE, IS SUBJECT TO THE MBA  
CONFLICTS POLICY AND MBA EMPLOYEE CODE OF CONDUCT. ADDITIONALLY, ANY  
OFFICERS WHO ARE ALSO MBA OFFICERS ARE SIMILARLY SUBJECT TO MBA'S CONFLICT  
OF INTEREST POLICY.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT  
OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE NOT GENERALLY MADE  
AVAILABLE TO THE GENERAL PUBLIC, BUT IF REQUESTS FOR COPIES OF THESE  
DOCUMENTS WERE TO BE RECEIVED, THE ORGANIZATION WOULD CONSIDER MAKING THEM  
AVAILABLE TO THE REQUESTOR.

FORM 990, PART VI, SECTION B, QUESTION 12

RIHA DOES NOT HAVE ANY OF ITS OWN EMPLOYEES FOR COMPENSATION PURPOSES.  
BECAUSE THE TRUSTEES ARE WITH MBA MEMBER COMPANIES, THE TRUSTEES ARE  
SUBJECT TO MBA'S DOCUMENT RETENTION, WHISTLEBLOWER, AND JOINT VENTURE  
POLICIES. THE RIHA TRUSTEES DO NOT MAKE DECISIONS ON RESEARCHER

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

RESEARCH INSTITUTE FOR HOUSING AMERICA  
TRUST FUND

Employer identification number  
36-6109824

SELECTIONS AND CONTRACTS; THEY ONLY RECOMMEND TOPICS FOR RESEARCH  
PROJECTS. THEREFORE, THEY DO NOT NEED A CONFLICTS POLICY.

FORM 990, PART IV, LINE 12 AND PART XI, LINE 2B

RIHA IS INCLUDED IN CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR THE  
YEAR ENDED SEPTEMBER 30, 2009, ALONG WITH OTHER RELATED ENTITIES (SEE  
SCHEDULE R).

## Part II Identification of Related Tax-Exempt Organizations

(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
MORTGAGE BANKERS ASSOCIATION - 36-1505650 1717 RHODE ISLAND AVE NW #400 WASHINGTON, DC 20036	REPRESENT THE LEGISLATIVE AND REGULATORY INTERESTS OF THE FINANCE INDUSTRY	ILLINOIS	501 (C) (6)		MORTGAGE BANKERS ASSN
MISSMO - 51-0502943 1717 RHODE ISLAND AVE NW #400 WASHINGTON, DC 20036	DEVELOPING, PROMOTING, AND MAINTAINING VOLUNTARY ELECTRONIC COMMERCE STDS	DELAWARE	501(C) (4)		MORTGAGE BANKERS ASSN
MORTGAGE ACTION ALLIANCE - 27-1893100 1717 RHODE ISLAND AVE NW #400 WASHINGTON, DC 20036	SUPPORT COMMON BUSINESS INTERESTS OF REAL ESTATE FINANCE INDUSTRY	DELAWARE	501 (C) (6) (PENDING)		MORTGAGE BANKERS ASSN

## **Part III: Identification of Related Organizations Taxable as a Partnership**

## **Part III: Identification of Related Organizations Taxable as a Partnership**

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
LENDER TECHNOLOGIES CORPORATION - 52-2233464 11717 RHODE ISLAND AVE NW #400 WASHINGTON, DC 20036	ENABLES VALUE-ADDED TECHNOLOGY AND INFORMATION PRODUCTS	DC	N/A	C CORP	N/A	N/A	N/A
SISAC, INC. - 52-2413168 11717 RHODE ISLAND AVE NW #400 WASHINGTON, DC 20036	OPEN ACCESS AND STANDARDS IN REAL ESTATE FINANCE	DE	N/A	C CORP	N/A	N/A	N/A

**Part V Transactions With Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

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 **(iv)** rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)

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

<b>(A)</b> Name of other organization(s)	<b>(B)</b> Transaction type (a-r)	<b>(C)</b> Amount involved
<b>(1) MORTGAGE BANKERS ASSOCIATION</b>		N
<b>(2) MORTGAGE BANKERS ASSOCIATION</b>	O	39,000.
<b>(3)</b>		39,610.
<b>(4)</b>		
<b>(5)</b>		
<b>(6)</b>		

## Part VI Unrelated Organizations Taxable as a Partnership

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.

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ►

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization <b>RESEARCH INSTITUTE FOR HOUSING AMERICA TRUST FUND</b>	Employer identification number <b>36-6109824</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1331 L STREET, NW</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20005</b>	

Check type of return to be filed (file a separate application for each return).

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990 T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

**ANGELA LAZEAR**

- The books are in the care of ► **1331 L STREET, NW - WASHINGTON, DC 20005**  
Telephone No ► **202-557-2713** FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **APRIL 15, 2010**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

- calendar year \_\_\_\_\_ or
- tax year beginning **SEP 1, 2008**, and ending **AUG 31, 2009**

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Form 8868 (Rev. 4-2009)

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

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)		
<b>Type or print</b>	Name of Exempt Organization <b>RESEARCH INSTITUTE FOR HOUSING AMERICA TRUST FUND</b>	Employer identification number <b>36-6109824</b>
<b>File by the extended due date for filing the return. See instructions</b>	Number, street, and room or suite no. If a P.O. box, see instructions <b>1331 L STREET, NW</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>WASHINGTON, DC 20005</b>	

**Check type of return to be filed** (File a separate application for each return).

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

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

**ANGELA LAZEAR**

- The books are in the care of ► **1331 L STREET, NW - WASHINGTON, DC 20005**

Telephone No ► **202-557-2713** FAX No ►

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

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **JULY 15, 2010**

5 For calendar year  , or other tax year beginning **SEP 1, 2008** , and ending **AUG 31, 2009**

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$
		N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► **[Signature]** Title ► **CPA**

Date ► **4/14/10**

Form 8868 (Rev. 4-2009)