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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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instruc-tions.

C Name of organization
Archdiocesan Housing Authority
dba Catholic Housing Services of W Wash

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
100 - 23rd Avenue S

City or town, state or country, and ZIP + 4
Seattle, WA 98144

D Employer identification number
91-1099134

E Telephone number
(206) 328-5660

G Gross receipts $ 21,964,539

F Name and address of principal officer
John Hickman
100 - 23rd Avenue S
Seattle, WA 98144

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www CCSWW org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1979

M State of legal domicile WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To provide housing and support for low income, homeless and special needs individuals and families

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**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	10
5	Total number of employees (Part V, line 2a)	**5**	339
6	Total number of volunteers (estimate if necessary)	**6**	109
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	9,988,820	17,229,500
	9 Program service revenue (Part VIII, line 2g)	4,346,419	3,743,402
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	291,904	-548,487
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,930,172	213,234
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,557,315	20,637,649
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,642,679	2,633,722
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,538,486	4,354,900
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 33,190		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,976,583	5,207,994
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	14,157,748	12,196,616
	19 Revenue less expenses Subtract line 18 from line 12	2,399,567	8,441,033

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	39,029,069	54,795,540
	21 Total liabilities (Part X, line 26)	30,121,255	37,907,040
	22 Net assets or fund balances Subtract line 21 from line 20	8,907,814	16,888,500

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

****** | 2011-05-02
Signature of officer | Date

JOHN HICKMAN Vice President/Secretary
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Susan Reilly	Date 2011-04-25	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Watson & McDonell CPAs PLLC 1325 Fourth Avenue Suite 1705 Seattle, WA 981012573			EIN ▶ Phone no ▶ (206) 624-2380

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Creating safety and stability for vulnerable people and building community are the heart and soul of AHA's mission We greet people who come to our programs by name, welcoming them and referring to them as residents or guests We want them to know that we will listen to them and we are willing to share their story Taking the time to listen to the struggles of their lives is a crucial part of our ministry, and is the basis for this "ministry of presence" we share with the people we serve It is the depth of the relationships we have with our residents that enables community to happen in our programs, we believe with Thomas Merton that "in the end, it is the reality of personal relationships that saves everything "

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 $ 10,977,182 including grants of $ 1,984,842) (Revenue $ 4,057,984)

Established in 1979, Archdiocesan Housing Authority (AHA), dba Catholic Housing Services of Western Washington, develops, owns and manages affordable housing programs for low-income families and individuals We provide supportive services for people who have experienced homelessness, low income seniors, farm worker families, and those who have special physical and mental needs We own or manage more than 1,900 housing units at 44 properties, throughout Western Washington AHA is a mission driven faith based agency that works in partnership with local, state and federal government agencies, public funders, private lenders, community agencies, and private contributions to achieve our goals

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** ▶ $ 10,977,182

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?	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? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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.*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — Yes / No	12A	Yes	
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, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III*	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*	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
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**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) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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	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? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *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**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	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? *If "Yes," complete Schedule R, Part I*	**33**		No
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*	**34**	Yes	
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*	**35**		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 in Schedule O for Part VI, lines 11 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

				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	44		
b	Enter the number of Forms W-2G included in 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	
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	339		
b	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		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	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			No
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				
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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	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, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
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			

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 13		
b	Enter the number of voting members that are independent . .	1b 10		
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?	2		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? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	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	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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?	16a	Yes	
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?	16b	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

John Hickman
100 - 23rd Avenue S
Seattle, WA 98144
(206) 328-5660

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 Report compensation for the calendar year ending with or within the organization's tax year 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 all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
Pat Sursely Treasurer	1 00	X		X				0	131,499	8,181
Very Rev Kenneth Haydoc Chair	1 00	X		X				0	2,400	0
Very Rev Gary Zender Chair	1 00	X		X				0	700	0
Dennis O'Leary Vice Chair	1 00	X		X				0	129,404	7,911
Chuck Hawley Board Member	1 00	X						0	0	0
Diana Bader OP Board Member	1 00	X						0	0	0
Diane McWithey Board Member	1 00	X						0	0	0
Elizabeth Thomas Board Member	1 00	X						0	0	0
James Hilger Board Member	1 00	X						0	0	0
John Cunningham Board Member	1 00	X						0	0	0
Ron Cook Board Member	1 00	X						0	0	0
Rose Shandrow Board Member	1 00	X						0	0	0
Sr Barbara Schamber SP Board Member	1 00	X						0	0	0
Tom Pigott Board Member	1 00	X						0	0	0
Michael Reichert ex-off President	40 00			X				164,419	0	15,707
John Hickman Vice President/Secretary	40 00			X				109,352	0	12,595

1b Total . . . . . ▶	273,771	264,003	44,394

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

			Yes	No
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*	**3**		No
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*	**4**	Yes	
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*	**5**		No

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

(A) Name and business address	(B) Description of services	(C) Compensation
Chaos Architecture PLLC 3218 Eastlake AVE E Seattle, WA 98102	Architect	276,992
Watson & McDonell 1325 Fourth Ave Suite 17051325 Seattle, WA 98101	Auditing and Tax Services	134,200

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	143,781				
	b	Membership dues					
	c	Fundraising events	10,512				
	d	Related organizations	40,000				
	e	Government grants (contributions)	15,350,641				
	f	All other contributions, gifts, grants, and similar amounts not included above	1,684,566				
	g	Noncash contributions included in lines 1a-1f $ 584,056					
	h	**Total.** Add lines 1a-1f		17,229,500			
Program Service Revenue			Business Code				
	2a	Rental of subsidized h	531,110	2,458,257	2,458,257		
	b	Management Fees	531,110	910,674	910,674		
	c	Developers Fee	531,110	224,014	224,014		
	d	Program Sevice Fees	531,110	150,457	150,457		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		3,743,402			
	3	Investment income (including dividends, interest and other similar amounts)		233,613	101,348		132,265
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	544,790				
	b	Less cost or other basis and sales expenses	508,461	818,429			
	c	Gain or (loss)	36,329	-818,429			
	d	Net gain or (loss)		-782,100			-782,100
Other Revenue	8a	Gross income from fundraising events (not including $ 10,512 of contributions reported on line 1c) See Part IV, line 18	a 0				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	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					
		Miscellaneous Revenue	Business Code				
	11a	Forgiven Debt	531,110	300,000	300,000		
	b	Reimbursements	900,099	41,616	41,616		
	c	Miscellaneous	900,099	35,315	35,315		
	d	All other revenue		-163,697	-163,697		
	e	**Total.** Add lines 11a–11d		213,234			
	12	**Total revenue.** See Instructions		20,637,649	4,057,984	0	-649,835

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).

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 governments and organizations in the U S See Part IV, line 21	1,984,842	1,984,842		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	648,880	648,880		
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	273,771		273,771	
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	3,039,699	2,764,900	249,402	25,397
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	149,510	130,215	18,653	642
9	Other employee benefits	518,151	450,176	65,713	2,262
10	Payroll taxes	373,769	316,727	54,381	2,661
11	Fees for services (non-employees)				
a	Management	91,640	11,640	80,000	
b	Legal	47,044	47,044		
c	Accounting	91,599	31,599	60,000	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	192,094	87,575	104,519	
12	Advertising and promotion	5,780	5,680	100	
13	Office expenses	317,877	253,073	62,576	2,228
14	Information technology	134,554	63,624	70,930	
15	Royalties				
16	Occupancy	2,907,714	2,905,787	1,927	
17	Travel	35,801	33,295	2,506	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,137	18,137		
20	Interest	105,725		105,725	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	646,012	646,012		
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	Tenant and Staff Suppor	340,820	337,720	3,100	
b	Project Development	102,321	102,321		
c	Misc Taxes, Bad Debt &	98,858	97,351	1,507	
d	Donated Material	34,790	34,790		
e	Misc Administration	31,434		31,434	
f	All other expenses	5,794	5,794		
25	**Total functional expenses.** Add lines 1 through 24f	12,196,616	10,977,182	1,186,244	33,190
26	**Joint costs.** Check here ▶ ☐ 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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		938,728	1	542,108
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	469,180
	4	Accounts receivable, net		1,020,176	4	505,257
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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		148,585	9	6,574
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 34,229,351			
	b	Less accumulated depreciation	10b 9,634,943	18,927,183	10c	24,594,408
	11	Investments—publicly traded securities		2,306,786	11	1,892,352
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		4,979,088	13	4,308,183
	14	Intangible assets			14	46,761
	15	Other assets See Part IV, line 11		10,708,523	15	22,430,717
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		39,029,069	16	54,795,540
Liabilities	17	Accounts payable and accrued expenses		1,416,689	17	1,854,824
	18	Grants payable			18	
	19	Deferred revenue		253,856	19	57,029
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial 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		15,813,239	23	22,812,470
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		12,637,471	25	13,182,717
	26	**Total liabilities.** Add lines 17 through 25		30,121,255	26	37,907,040
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,690,539	27	14,625,295
	28	Temporarily restricted net assets		707,275	28	753,205
	29	Permanently restricted net assets		1,510,000	29	1,510,000
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		8,907,814	33	16,888,500
	34	Total liabilities and net assets/fund balances		39,029,069	34	54,795,540

Part XI Financial Statements and Reporting

			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 in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Archdiocesan Housing Authority
dba Catholic Housing Services of W Wash

Employer identification number
91-1099134

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 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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 Part III)

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

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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,361,942	6,985,420	9,466,741	9,988,820	17,229,500	50,032,423
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	6,361,942	6,985,420	9,466,741	9,988,820	17,229,500	50,032,423
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						50,032,423

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	6,361,942	479,295	9,466,741	9,988,820	17,229,500	50,032,423
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	338,257	479,295	27,476	291,904	284,527	1,421,459
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	266,165	1,302,089	345,789	1,967,490	440,018	4,321,551
11 **Total support** (Add lines 7 through 10)						55,775,433

12 Gross receipts from related activities, etc (See instructions)	12	21,408,629

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	89 700 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	86 000 %

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** 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 IV 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 III Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 IV)						
13 **Total support** (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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Archdiocesan Housing Authority
dba Catholic Housing Services of W Wash

Employer identification number
91-1099134

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 for any other purpose conferring 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)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ 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

		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 8/17/06	2d

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

7 Amount of expenses incurred in monitoring, inspecting, 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 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

b 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 ▶ $ _____

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 Escrow and Custodial Arrangements. Complete if the 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

Part V Endowment Funds. Complete if the 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	1,660,921	1,773,907			
b Contributions					
c Investment earnings or losses	79,815	-12,986			
d Grants or scholarships					
e Other expenditures for facilities and programs	59,723	100,000			
f Administrative expenses					
g End of year balance	1,681,013	1,660,921			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ **89.830 %**
- c Term endowment ▶ **10.170 %**

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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) Accumulated depreciation	(d) Book value
1a Land		3,755,809		3,755,809
b Buildings		27,709,872	8,402,519	19,307,353
c Leasehold improvements		405,109	237,181	167,928
d Equipment		2,239,513	879,865	1,359,648
e Other		119,048	115,378	3,670
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				24,594,408

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		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
See Additional Data Table		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	4,308,183	

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

(a) Description	(b) Book value
Operating Reserve	342,278
Reserve for Replacements	2,290,462
Residual Receipts	403,638
Tenant Security Deposits	162,688
Project Development Costs	16,089,059
Due from affiliated managed properties	1,746,578
Due from subsidiaries	306,770
Notes Receivable Related Party	1,089,244
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	22,430,717

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Tenant Security Deposits	165,512
Accrued Interest Payable	1,146,393
Loan and notes payable - related parties	9,873,211
Due to Related Organizations	1,337,021
Lease Payable Related Party	217,500
Accrued Interest Payable - Related Party	443,080
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	13,182,717

2. Fin 48 Footnote 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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,637,649
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,196,616
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,441,033
4	Net unrealized gains (losses) on investments	4	14,585
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-83,509
8	Other (Describe in Part XIV)	8	-391,423
9	Total adjustments (net) Add lines 4 - 8	9	-460,347
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,980,686

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

1	Total revenue, gains, and other support per audited financial statements			1	22,409,079
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	14,585		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,756,845		
e	Add lines **2a** through **2d**			2e	1,771,430
3	Subtract line **2e** from line **1**			3	20,637,649
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	20,637,649

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

1	Total expenses and losses per audited financial statements			1	14,030,394
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 XIV)	2d	1,833,778		
e	Add lines **2a** through **2d**			2e	1,833,778
3	Subtract line **2e** from line **1**			3	12,196,616
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	12,196,616

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	In accordance with the donor instructions to fund certain resident support services positions from the services endowment, the spending policy calculates the amount of money annually necessary to fund one half of the cost of the positions required by the original grant CHS is required to match the amount spent from the services endowment to ensure full funding for these positions CHS has used a portion of the grant from the CCF to fund the match Earnings to date plus the match have been sufficient to fully fund the positions The Development Working Capital endowment restricts the funds to be used only for predevelopment costs associated with housing programs being newly developed or significantly renovated Funds are advanced as temporary project financing, and are returned to the working capital fund when a project is permanently financed Earnings on the working capital endowment are to be used only for predevelopment costs
Part X	Description of Uncertain Tax Positions Under FIN 48	Tax status CHS is exempt from federal income taxes as an organization described in Section 501(c)(3) of the Internal Revenue Code Wholly owned subsidiaries are also exempt under Section 501(c)(3) The exemptions under Section 501(c)(3) are granted according to the United States Catholic Conference group ruling by the Internal Revenue Service CHS is included under the ruling by virtue of its listing in the Official Catholic Directory by the Archdiocese of Seattle Real property used in providing housing for the elderly, handicapped and low-income families is exempt from real estate taxes for 2010 CHS's income tax filings are subject to examination by various taxing authorities CHS's open examination periods are from 2006 to 2009 CHS follows the provisions of uncertain tax positions as addressed in FASB Accounting Standards Codification Subtopic 740-10, Income Taxes CHS believes that it has appropriate support for any tax positions taken, and as such, does not have any uncertain tax positions that are material to the financial statements
Part XI, Line 8 - Other Adjustments		Loss on Disposal of Building -391423
Part XII, Line 2d - Other Adjustments		Less Subsidiaries Consolidated for Audit 938416 Loss on Sale Reported on Page 9 for 990 purposes 818429
Part XIII, Line 2d - Other Adjustments		Less Subsidiaries Consolidated for Audit 1015349 Loss on Sale Reported on Page 9 for 990 purposes 818429

Additional Data

Software ID:
Software Version:
EIN: 91-1099134
Name: Archdiocesan Housing Authority
dba Catholic Housing Services of W Wash

Form 990, Schedule D, Part VIII - Investments— Program Related

(a) Description of investment type	**(b)** Book value	**(c)** Method of valuation Cost or end-of-year market value
McRedmond	234	C
Halcyon	1,142	C
Fournier	48,942	C
Sunrise	35,357	C
Pioneer	43,026	C
Kincaid	54,321	C
CCS Bremerton LP	650,233	C
CCS Bellingham LP	12,516	C
CCS Renton Housing LP	297,079	C
CCS Mt Vernon LTD Partnership	306	C
CCS Pacific Square LP	109,364	C
Women's Westlake LP	427,390	C
308 West Champion & Mt Vernon	34,770	C
Continental Place Investment	248,068	C
Township Investment	855	C
Traugott Terrace LP	392	C
Sumner Commons LP	31,905	C
ML King Family LP	759,907	C
Centralia Family Ltd Partnership	14	C
Kelso Family & Centralia	270	C
Woodland Housing LP	2,164	C
College Way Housing	65,854	C
Chestnut Street Housing	272,890	C
Holden	516,575	C
Woodland II	32	C
Wintonia	694,477	C
Ives and Harrison	100	C

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
Operating Reserve	342,278
Reserve for Replacements	2,290,462
Residual Receipts	403,638
Tenant Security Deposits	162,688
Project Development Costs	16,089,059
Due from affiliated managed properties	1,746,578
Due from subsidiaries	306,770
Notes Receivable Related Party	1,089,244

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Archdiocesan Housing Authority
dba Catholic Housing Services of W Wash

Employer identification number
91-1099134

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? . . . ☑ Yes ☐ No

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" to 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 Code 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
Catholic Community Services100 - 23rd Avenue South Seattle, WA 98144	911585652	501(c)(3)	1,828,670				Resident Services
CCSBremerton Housing Limited Partnership100 - 23rd Avenue South Seattle, WA 98144	911640466		68,481				Operations
Westlake II Housing LLC 100 - 23rd Avenue South Seattle, WA 98144	204499245		77,191				Operations

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶ 2

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Food and Food Related Assistance	83211		538,673	FMV	Food and Food Related Assistance
Other assistance - rent, furniture, transportation, health, vision and dental care, etc	384		65,221	FMV	Rent, furniture, transportation, health, vision and dental care, etc
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Grants to organizations are monitored according to funder's compliance requirements

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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Name of the organization
Archdiocesan Housing Authority
dba Catholic Housing Services of W Wash

Employer identification number
91-1099134

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
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 ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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 only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Michael Reichert (ex-officio)	(i)	164,419	0	0	0	0	164,419	176,413
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Archdiocesan Housing Authority
dba Catholic Housing Services of W Wash

Employer identification number
91-1099134

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	2	538,673	determined by federal ag
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Lighting fixtures)	X	1	45,383	FMV
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 91-1099134
Name: Archdiocesan Housing Authority
dba Catholic Housing Services of W Wash

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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Name of the organization
Archdiocesan Housing Authority
dba Catholic Housing Services of W Wash

Employer identification number
91-1099134

Identifier	Return Reference	Explanation
Form 990, Part III, line 3	Changes in Program Services	Transfer of Special ministries program to CCS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The sole member is the Archbishop of the Roman Catholic Archdiocese of Seattle, "Member"

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The written Certificate of Affirmation or Certificate of Action must be obtained from the Member for the appointment and removal of the President of the Corporation and the appointment and removal of the members of the Board of Trustees

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Where action or affirmation is required, the written Certificate of Affirmation or Certificate of Action must be obtained from the Member for the following A The adoption of the philosophy and mission of the Corporation, B The amendment of the Articles of Incorporation, and the adoption and amendment of the Bylaws of the Corporation, C The appointment and removal of members of the Board of Trustees, D The appointment and removal of the President of the Corporation, E The requirement and establishment of business-like controls and structures over all aspects of corporate financial activities which include but are not limited to borrowing of money, approving of the Corporate Office annual budget, incurring of debt, fundraising, investment of money, and the requirement of an annual financial audit(s) of the Corporation and all its activities, F The formation of any affiliated or subsidiary entity, either for-profit or not-for-profit, G The sale, leasing, or encumbering of corporate real estate, H The liquidation, dissolution, winding-up or abandonment ofthe Corporation, I Any creation or substantial amendment of a contract, lease or other agreement involving an affiliation by the corporation with one or more other entities in any joint enterprise, J The affirmation of any Board Resolution to purchase, sell, encumber, lease or acquire any significant asset K Approval of any initiation or cancellation of a lawsuit L Approval of any application for a government grant which has had impact upon or implication to the mission of the Catholic Church M Any other matters either required by law or which the Board of Trustees determines by resolution should be submitted to the Member

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The Form 990 is reviewed by the Vice President and the Controller, after their review a copy is provided to the governing body

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Annual survey

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Compensation committee of the Board reviewed & established the compensation of the President & Vice Presidents of the organization in 2007

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Upon request and posted on Guidestar org

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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Name of the organization
Archdiocesan Housing Authority
dba Catholic Housing Services of W Wash

Employer identification number
91-1099134

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
See Additional Data Table											

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

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

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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r		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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 91-1099134
Name: Archdiocesan Housing Authority
dba Catholic Housing Services of W Wash

Form 990, 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 501(c)(3))	(f) Direct Controlling Entity
Halcyon Foundation 100 - 23rd Avenue South Seattle, WA98144 91-1259337	Housing for those in need	WA	501(c)(3)	Line 9	
Redmond Elderly Housing Association 100 - 23rd Avenue South Seattle, WA98144 91-1253391	Housing for those in need	WA	501(c)(3)	Line 9	
Kincaid Housing 100 - 23rd Avenue South Seattle, WA98144 20-3602705	Housing for those in need	WA	501(c)(3)	Line 9	
AHA-Pierce County Association 100 - 23rd Avenue South Seattle, WA98144 94-3043495	Housing for those in need	WA	501(c)(3)	Line 9	
Pioneer Court Housing 100 - 23rd Avenue South Seattle, WA98144 20-3602821	Housing for those in need	WA	501(c)(3)	Line 9	
Sunrise Court Housing 100 - 23rd Avenue South Seattle, WA98144 20-3602772	Housing for those in need	WA	501(c)(3)	Line 9	
Catholic Corporation of the Archbishop of Seattle 100 - 23rd Avenue South Seattle, WA98144	Religious	WA	501(c)(3)	Line 1	
Catholic Community Services of Western Washington 100 - 23rd Avenue South Seattle, WA98144 91-1585652	Social services for the poor and vulnerable	WA	501(c)(3)	Line 1	
The Catholic Charities Foundation of Western Washington 100 - 23rd Avenue South Seattle, WA98144 46-0479730	Financial support for CCS & CHS	WA	501(c)(3)	Line 1	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?	
							Yes	No		Yes	No
CCSBremerton LP 100 - 23rd Avenue South Seattle, WA98144 91-1640466	Low-Income Housing	WA		Related	-1,310	1,147,910		No		Yes	
CCSBellingham LP (WA Grocery) 100 - 23rd Avenue South Seattle, WA98144 91-1676884	Low-Income Housing	WA		Related	-66	353,912		No		Yes	
CCSRenton Housing LP 100 - 23rd Avenue South Seattle, WA98144 91-1720811	Low-Income Housing	WA		Related	-173	1,057,881		No		Yes	
CCSMount Vernon Housing LP 100 - 23rd Avenue South Seattle, WA98144 91-1791762	Low-Income Housing	WA		Related	-46	110,003		No		Yes	
Women's Westlake LP (Dorothy Day) 100 - 23rd Avenue South Seattle, WA98144 91-1791771	Low-Income Housing	WA		Related	-159	941,539		No		Yes	
CCSPacific Square LP (Emmons) 100 - 23rd Avenue South Seattle, WA98144 91-1791766	Low-Income Housing	WA		Related	-101	184,497		No		Yes	
308 West Champion Associates LP (Mount Baker) 100 - 23rd Avenue South Seattle, WA98144 91-1901407	Low-Income Housing	WA		Related	27	1,144,380		No		Yes	
Township Family Housing LP 100 - 23rd Avenue South Seattle, WA98144 91-1901408	Low-Income Housing	WA		Related	-38	41,984		No		Yes	
Continental Place LP 100 - 23rd Avenue South Seattle, WA98144 91-1901409	Low-Income Housing	WA		Related	-200	400,603		No		Yes	
Traugott Terrace LP 100 - 23rd Avenue South Seattle, WA98144 91-2130522	Low-Income Housing	WA		Related	9,977	148,128		No		Yes	
Woodland Family Housing LP 100 - 23rd Avenue South Seattle, WA98144 01-0650597	Low-Income Housing	WA		Related	10,280	213,096		No		Yes	
ML King Family Housing LP 100 - 23rd Avenue South Seattle, WA98144 77-0589275	Low-Income Housing	WA		Related	11,678	828,864		No		Yes	
Sumner Commons Housing LP 100 - 23rd Avenue South Seattle, WA98144 91-2180393	Low-Income Housing	WA		Related	6,077	236,717		No		Yes	
Centralia Family Housing LLC 100 - 23rd Avenue South Seattle, WA98144 91-2184609	Low-Income Housing	WA		Related	5,361	49,464		No		Yes	
Chestnut Street Housing LLC 100 - 23rd Avenue South Seattle, WA98144 91-2184586	Low-Income Housing	WA		Related	-23	389,316		No		Yes	
Kelso Family Housing LLC 100 - 23rd Avenue South Seattle, WA98144 20-0561684	Low-Income Housing	WA		Related	2,677	48,916		No		Yes	
College Way Family Housing LLC 100 - 23rd Avenue South Seattle, WA98144 20-2131920	Low-Income Housing	WA		Related	-19	372,084		No		Yes	
Woodland II Family Housing LLC 100 - 23rd Avenue South Seattle, WA98144 20-2000818	Low-Income Housing	WA		Related	-15	58,448		No		Yes	
1431 Minor LP 100 - 23rd Avenue South Seattle, WA98144 91-1576548	Low-Income Housing	WA		Related	-229,130	4,271,226		No			No
Westlake II Housing LLC 100 - 23rd Avenue South Seattle, WA98144 20-4499245	Low-Income Housing	WA		Related	-37	785,067		No		Yes	
Holden Street Family Housing LLC 100 - 23rd Avenue South Seattle, WA98144 20-4499304	Low-Income Housing	WA		Related	-19	834,284		No		Yes	
Ives & Harrison 100 - 23rd Avenue South Seattle, WA98144 26-3947713	Low-Income Housing	WA		Related				No		Yes	
Bahkita Gardens 100 - 23rd Avenue South Seattle, WA98144 26-1713918	Low-Income Housing	WA		Related				No		Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Catholic Charities Foundation	Q	253,730
(2)	Catholic Charities Foundation	E	246,431
(3)	Catholic Community Services of Western Washington	B	1,828,670
(4)	Catholic Community Services of Western Washington	J	117,517
(5)	Catholic Community Services of Western Washington	O	371,797
(6)	Catholic Community Services of Western Washington	Q	391,423
(7)	Catholic Corporation of the Archbishop of Seattle	C	404,478
(8)	Catholic Corporation of the Archbishop of Seattle	P	191,708
(9)	Catholic Corporation of the Archbishop of Seattle	E	317,897
(10)	CCS Bellingham	P	87,874
(11)	CCS Bremerton	B	68,481
(12)	CCS Bremerton	P	85,455
(13)	Centralia Family Housing	P	76,160
(14)	Chestnut Street	P	88,154
(15)	College Way	P	53,265
(16)	Holden Street Housing	P	80,494
(17)	Holden Street Housing	Q	180,555
(18)	Ives & Harrison	K	247,247
(19)	Ives & Harrison	Q	147,750
(20)	ML King Family Housing LP	P	78,122
(21)	Mt Baker	P	86,639
(22)	Renton	P	70,961
(23)	Tacoma G Street	K	50,751
(24)	Tacoma G Street	Q	112,574
(25)	Traugot Terrace	P	188,820
(26)	Westlake II Housing	P	146,821
(27)	Westlake II Housing	Q	73,700
(28)	Wintonia Apartments	P	263,189
(29)	Wintonia Apartments	Q	154,903
(30)	Womens Westlake	P	162,351
(31)	Woodlands	P	74,164

Additional Data

Software ID:

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Name: Archdiocesan Housing Authority
dba Catholic Housing Services of W Wash

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Tenant and Staff Suppor	340,820	337,720	3,100	
Project Development	102,321	102,321		
Misc Taxes, Bad Debt &	98,858	97,351	1,507	
Donated Material	34,790	34,790		
Misc Administration	31,434		31,434	