

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

2010

OMB No 1545-0047

Department of the Treasury

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

Open to Public Inspection

A	Fo	r the	2010 calendar year, or tax year beginning , 2010, and enc	ling			, 20	
В	Che	eck if a	oplicable C Name of organization Housing Action Illinois			ľ	Employer identification no.	
	ı	iress c					36-3585238	
F	i	ne cha		Room/suite		E	Telephone number	
$\sqcap$	i I	al retu	11 Book Adoms	1601			(312) 939-6074	
H	i	mınate					650,412	
H	i	ended	Gh 77 COCO3			١,	Gross receipts \$	
님			n pending F Name and address of principal officer				S Cicco receipte	
_	- Api	лисано		H(a) Is this affilia	a gro	oup retu	Yes X No	
i			ot status X 501(c)(3)	H(b) Are a	ll affili atta".	iates ini	cluded? Yes No st (see instructions)	
<u>J</u>			▶ N/A	H(c) Group	exe	mption	number	
K	For	m of o	ganization X Corporation Trust Association Other L Year of formation 19	87 <u>M</u>	State	of lega	I domicite IL	
P	art		Summary					
		1	Briefly describe the organization's mission or most significant activities To increase and p					
	ļ		decent, affordable and accessible housing in Illinois for low-inc	ome and	mo	dera	ate-income	
A	G		households.					
2011	0							
3	ė	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of	of its net as	sets	;	-	
c	r n	3	Number of voting members of the governing body (Part VI, line 1a) · · · · · · · · · · · · · · · · · · ·		$\cdot \cdot  $	3	14	
<b>C</b>	a	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	14	
يق	П	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)			5	9	
<b>\$</b> 00°	е	6	Total number of volunteers (estimate if necessary) · · · · · · · · · · · · · · · · · · ·			6		
			Total unrelated business revenue from Part VIII, column (C), line 12 · · · · · · · · · · · · · · · · · ·			7a	0	
出			Net unrelated business taxable income from Form 990-T, line 34 PECEIVES			7b	0	
Z-			Net difference business taxable income from Form 930-1, line 34 RECEIVED			7.5	<del> </del>	
<b>⋥</b> ,	R	_		Prior Ye		630	Current Year	
SCANNED	е	8	Contributions and grants (Part VIII, line 1h)			, 639		
<u>တ</u>	e	9	Program service revenue (Part VIII, line 2g) · · · · · · · · · · · · · · · · · · ·			,149	<del> </del>	
	n	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4	, 324	1,956	
į	e	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and life and the state of the column (A), lines 5, 6d, 8c, 9c, 10c, and life and the state of the column (A), lines 5, 6d, 8c, 9c, 10c, and life a				0	
_		12	Total revenue - add lines 8 through 11 (must equal Part VIII. column (A), the 1/2)		779	,112	650,412	
		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)				0	
ı	E	14	Benefits paid to or for members (Part IX, column (A), line 4)				0	
1	×	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		155	,447	437,565	
	P   e	16a	Professional fundraising fees (Part IX, column (A), line 11e)				0	
4	n	b	Total fundraising expenses (Part IX, column (D), line 25)▶ 56,430					
•	e	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	:	276	,769	319,738	
,	S	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	•	732	,216	757,303	
		19	Revenue less expenses Subtract line 18 from line 12 · · · · · · · · · · · · · · · · · ·		46	,896	(106,891)	
Ne	4		Be	eginning of Cu	rent \	Year	End of Year	
As	sets	20	Total assets (Part X, line 16)			,000	<del>                                     </del>	
or Fu		21	Total liabilities (Part X, line 26)		39	,182	41,045	
Ba	i- ces	22	Net assets or fund balances Subtract line 21 from line 20 · · · · · · · · · · · · · · · · · ·		38	,818	331,927	
	art		Signature Block				<u> </u>	
Un	der n	enaltie	s of penury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my k	nowledge			· · · · · · · · · · · · · · · · · · ·	
an	d beli	ef, it is	true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any know	dedge				
			Sous Den					
9	ign		Signature of officer	_		Date	<del></del>	
	_		Kurr Kuvauh Treasurer				8-3~11	
Н	ere						<del>• 3 //</del>	
_			Type or print name and iffle  Date  Date	<del></del>	<del></del>	<u> </u>		
			Print Type preparer's name   Frishalp Applinature	Check		<u> </u>	PTIN	
	aid		SABRINA C WOODS, CPA 07-20-2011	self-er	nploy	ed	+ 20 E 2 = -	
P	rep	arer	Time name	Firm's EIN	<u> </u>	2/-	0795732	
U	se	Only	Times address	Phone no	7	UB-7	30-1225	
		•	Lansing IL 60438	<u></u>				
M	ay th	ne IR	S discuss this return with the preparer shown above? (see instructions)				· · · Yes X No	

For Paperwork Reduction Act Notice, see the separate instructions.

916-21,22

Form 990 (2010) Housing Action Illinois

36-3585238

Page 2

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 2 X 2 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 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, 5 5 or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have 6 the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II · · · · · · 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III R X Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part 9 X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," Х 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII ......... Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . 11e Х Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . . 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional · · · · · · · · · · · · 12b Х  $\mathbf{X}_{-}$ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? ......... Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,  $X_{-}$ business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV ..... 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . . 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х Х b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		1	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II · · · · · · · · · · · · · · · · · ·	21		<u>X</u>
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 29 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		i	
	employees? If "Yes," complete Schedule J · · · · · · · · · · · · · · · · · ·	23	ł	Χ
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		X
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	İ	Х
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		Х
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		Х
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)	, ,		*****
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	-		
_	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M · · · · · · · · · ·	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part 1	31		Х
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		Х
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		Χ
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		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2 · · · · · · · · · · · · · · · · · ·			
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		X
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		Х
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	X	Į .

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check if Schedule O contains a response to any question in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		its	NO
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
·	gaming (gambling) winnings to prize winners? · · · · · · · · · · · · · · · · · · ·	1c	X	*
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O · · · · · · · · · · · · · · · · · ·	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • • • • • • • • • • • • • • • • • • •	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? • • • • • • • • • • • • • • • • • • •	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6b		
7	Organizations that may receive deductible contributions under section 170(c).		ş	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u>.</u>		
	and services provided to the payor?	7a	_	Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? • • • • • • • • • • • • • • • • • • •	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		<b>37</b>
	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · / 7d	76		X
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	X
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? • • • • • • • • • • • • • • • • • • •	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ••	7g		X
h	If the organization received a contribution of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			- 11
•	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		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	·	Х
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter			
а	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 • • • • • • • • • • • • • • • • • • •			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? • • • • • • • • • • • • • • • • • • •	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year · · · · · · · 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	42-		
а	is the digamentation had not been qualified to the state of the state	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			,
C 44=	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		
b	II Tes, has it hieu a Putiti 720 to report these payments. If 140, provide an explanation in ochequie of	170		

Par	To Sovernance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and		
<u> </u>	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in		
	Schedule O See instructions		
	Check if Schedule O contains a response to any question in this Part VI		· X
Sec	tion A. Governing Body and Management		
	Non XI Governing Body and management	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · · · · · · 1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent · · · · · · · · · · · · · · · · · · ·		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		
	any other officer, director, trustee, or key employee?		X
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?		Χ_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		
	of the governing body? • • • • • • • • • • • • • • • • • • •	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? • • • • • • • • • • • • • • • • • • •		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		
	the year by the following		
а	The governing body? • • • • • • • • • • • • • • • • • • •	X	
b	Each committee with authority to act on behalf of the governing body? • • • • • • • • • • • • • • • • • • •	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O · · · · · · · · · · · 9	<u></u>	X
<u>Sec</u>	tion 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? • • • • • • • • • • • • • • • • • • •	<u> </u>	X
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? • • • • • • • • • • • • • • • • • • •	ļ	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		
	form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	٠,,	
	rise to conflicts?	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	١,,	
40	describe in Schedule O how this is done	+	<u> </u>
13	Does the organization have a written whistleblower policy? • • • • • • • • • • • • • • • • • • •	X	
14	Did the process for determining compensation of the following persons include a review and approval by	X	
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
_	The organization's CEO, Executive Director, or top management official • • • • • • • • • • • • • • • • • • •	X	-
a	Other officers or key employees of the organization	-	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	+^	<b></b>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		
IVA	with a taxable entity during the year? • • • • • • • • • • • • • • • • • • •		Х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	ļ	
b	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? • • • • • • • • • • • • • • • • • • •		
<u></u>	tion C. Disclosure	1 .	
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed   IL		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)		
	available for public inspection. Indicate how you make these available. Check all that apply		
	Own website   X Another's website   X Upon request		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest		
	policy, and financial statements available to the public		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the		
	organization ▶ Sharon Legenza (312)939-6074		
	11 East Adams Chicago, IL 60603		

			•
Form	aga	/201	Λ١.
	330	1201	O1

Housing Action Illinois

36-3585238

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Part VII	Comp	ensation	of Officers	. Directors.	Trustees.	Kev	Employees,	Highest	Compensated
			d Independ			•	• • •	•	•

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	l t d n r ı d u r	I t n r s u t s i t t e u e	Office	K e	at apply) H c e I o m g m p h p l e e o s n y t s e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Al Timke		İ								
Director	2.00	X			l i					
(2) Bob Campbell										
Director	2.00	Х		l				(	О .	0
(3) Cathy Grafton										,
Director	2.00	X								
(4) Joe Nerı										
Director	2.00	X			ľ					
(5) Laurie Peterson										
Director	2.00	X								
(6) Mary Walker		ļ	<u> </u>							,
Director	2.00	X							}	
(7) Michelle Rodriguez-Taylor										
Director	2.00	X								
(8) Mike Wasserberg										,
Director	2.00	X								
(9) Ryan Dowd										
Director	2.00	X								
(10)Cheryll Boswell										-
Co-Chairman	2.00			l x				ď	0	o
(11)Joyce Hothan										
Secretary	2.00			X				c	0	0
(12)Kurt Kuyawa										
Treasurer	2.00			x				d	0	0
(13)Mary Ellen Tamasy										
Co-Chairman	2.00			x					0	0
(14)Sharon Legenza										
Executive Director	40.00				X	Х		76,353	0_	0
(15)										
(16)							,			

Part VII	Section A. Officers, Directors, Trustees	s, Key Emplo	yees,	and	Hig	nes	t Com	nper	isated Employees	(continuea)			
	' (A)	(B)			(0	<b>(</b> )			(D)	(E)		<b>(F)</b>	
٠	Name and Title	Average hours per week (descnbe hours for related organizations in Schedule O)	Posit I t d nri dur i se v t c i e t de o u r a o I r	t	Off ce	K e y	at apply) H c e I o m g h p o s s e t e d	F	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
(17)								-				<del>.</del>	
(18)													
(19)										li .			
(20)											ļ. <u>.</u>		
(21)													
(22)													
(23)			<del> </del>	-		-							
(24)													
(25)											-		
(26)													
(27)													
(28)													
c Total fr d Total (a 2 Total nu	al · · · · · · · · · · · · · · · · · · ·	on A	ed abov	  /e) v	vho	···	eved m	<ul><li>▶</li><li>nore</li></ul>	76,353 than \$100,000 in				0
	ole compensation from the organization										<u> </u>	Yes	No
	organization list any former officer, director se on line 1a? If "Yes," complete Schedule J										. 3		X
	individual listed on line 1a, is the sum of rep										J		+^
	inization and related organizations greater th										-		_
	al									• • • • • • •	4	ļ	X
•	person listed on line 1a receive or accrue co ces rendered to the organization? If "Yes," of			-			_		on or individual		- 5	-	
	. Independent Contractors	omplete out		, 101	300	ı, pe						Щ.	X
1 Comple	te this table for your five highest compensate	ed independe	nt con	tract	ors	that	receiv	ed r	nore than \$100,00	0 of			
comper	sation from the organization		_										
	(A)						(B)		0	(C) Compensation			
	Name and business addres		-						Description of s	ervices	Con	репзац	
		h			4	J - 1		.h					
	imber of independent contractors (including an \$100,000 in compensation from the organ		i to the	se I	iste(	ab	ove) w	/IIO f	eceived				

Part \	<u>/III  </u>	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
	1a	Federated campaigns · · · · ·	• • • 1a	·				
	b	Membership dues · · · · · ·	· · · 1b	15,210				
Contri-	С	Fundraising events · · · · ·	· · · 1c			:		
butions, gifts,	d	Related organizations · · · · ·	<del></del>	-				
grants	е	Government grants (contributions	<del></del>	187,237				
and other	f	All other contributions, gifts, gran	ts.					
similar		and similar amounts not included		427,654				
amounts	g	Noncash contributions included in	lines 1a-1f \$	63,667				
	h	Total. Add lines 1a-1f · · · ·		• • • • • • •	630,101			
				Business Code			~	
	2a	Conferences & Trainings	3 [	531390	18,355	18,355		
	b							
Program Service	С							
Revenue	d							
	е							
		All other program service revenue						
	g	Total. Add lines 2a-2f · · · · ·	• • • • • •	· · · · · · · •	18,355			
	3	Investment income (including divid						
		other similar amounts) · · · · ·			1,956	1,956		
	4	Income from investment of tax-exe						
	5	Royalties						
		Occupa Donata	(ı) Real	(II) Personal		•		
	1	Gross Rents · · · · · ·						
		Less rental expenses · · · · Rental income or (loss) · · ·						
		Net rental income or (loss) · · ·						-
		` ' <del>[</del>						
	/a	Gross amount from sales of assets other than inventory	(i) Secunties	(ii) Other				
	L	Less cost or other basis						1
	0	and sales expenses · · · ·						
O t	c	Gain or (loss)			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
'n	1 -	Net gain or (loss) · · · · · ·			t when y			
e	1	Gross income from fundraising		•				
r		events (not including \$			, 🐧			
R		of contributions reported on line 1	c)				1	
v		See Part IV, line 18 · · · · · ·	····a					
e	b	Less direct expenses · · · · ·	• • • • • ь		* * * * *		-	_
ü	С	Net income or (loss) from fundrais	ing events .	• • • • • • •				
е	9a	Gross income from gaming activit			,			
		See Part IV, line 19 · · · · · ·						
		Less direct expenses · · · · ·				-	-	
	С	Net income or (loss) from gaming	activities • •	• • • • • • •		· · · · · · · · · · · · · · · · · · ·		
	10a	Gross sales of inventory, less returns and allowances · · · ·						
					-			
	1	Less cost of goods sold · · · · ·  Net income or (loss) from sales of			<i>*</i> -			
			niventory					
	11a	Miscellaneous Revenue		Business Code	<b>)</b> '	- A 1		
	b				-			<del>  -                                   </del>
	C							
		All other revenue · · · · · ·						<u> </u>
		Total. Add lines 11a-11d · · ·		•••••		<del> <u></u></del>	<u></u>	
		Total revenue. See instructions			650,412	20,311	(	d

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## 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	=			
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	, 8b, 9b, and 10b of Part VIII.	iotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21 · · · · ·				
2	Grants and other assistance to individuals in				
	the U S See Part IV, line 22 · · · · · · · · · ·				
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 · · · · · · · · · · ·	i			
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	357,786	294,334	29,199	34,253
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions) · · · · ·				
9	Other employee benefits	52,550	46,711	1,923	3,916
10	Payroll taxes	27,229	22,609	2,109	2,511
11	Fees for services (non-employees)	,	·		· · · · · · · · · · · · · · · · · · ·
a	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal				
c	Accounting	28,441		28,441	
d	Lobbying				-
e	Professional fundraising services See Part IV, line 17 •		, 11		
f	Investment management fees · · · · · · · · · · · ·				
g.	Other · · · · · · · · · · · · · · · · · · ·	118,208	93,578	18,080	6,550
12	Advertising and promotion • • • • • • • • • • • • • • • • • • •		33,515		
13	Office expenses · · · · · · · · · · · · · · · · · ·	6,887	5,990	554	343
14	Information technology · · · · · · · · · · · · · · · · · · ·		-,		
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	44,084	37,410	2,854	3,820
17	Travel · · · · · · · · · · · · · · · · · · ·	26,019	21,648	4,303	68
18	Payments of travel or entertainment expenses	,	,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings · · · · · ·	13,788	13,788		
20	Interest	·	,	· · · · · · · · · · · · · · · · · · ·	
21	Payments to affiliates · · · · · · · · · · · · · · · · · · ·				
22	Depreciation, depletion, and amortization · · · · · ·	2,372	2,183	142	47
23	Insurance · · · · · · · · · · · · · · · · · · ·	2,451	1,877	378	196
24	Other expenses litemize expenses not covered	·	· · · · · · · · · · · · · · · · · · ·	,	
-	above (List miscellaneous expenses in line 24f If	4		`	<b>~</b>
	line 24f amount exceeds 10% of line 25, column	£		, and the second	
	(A) amount, list line 24f expenses on Schedule O)			}	
а	Staff Development	2,407	1,807		600
h	Awards & Grants	32,950	32,950		
	Subscriptions & Dues	9,556	5,673	2,910	973
d	Equipment Rental	3,261	2,440	576	245
e	Telephone and Internet	17,030	14,575	957	1,498
f	All other expenses · · · · · · · · · · · · · · · · · ·	12,284	10,218	656	1,410
25	Total functional expenses. Add lines 1 through 24f · ·	757,303	607,791	93,082	56,430
26	Joint Costs. Check here ▶ If following	,	,		
	SOP 98-2 (ASC 958-720) Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational campaign and fundraising solicitation				
	campaign and iunuraising solicitation				

Part	X	Balance Sheet			
		•	(A)		(B)
			Beginning of year		End of year
	٠ 1	Cash - non-interest-bearing · · · · · · · · · · · · · · · · · · ·	365,630	1	305,394
	2	Savings and temporary cash investments · · · · · · · · · · · · · · · · · [		2	
	3	Pledges and grants receivable, net	79,909	3	45,000
	4	Accounts receivable, net	12,344	4	14,633
	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)), persons described in section 4958(c)(3)(B), and contributing			
A S		employers and sponsoring organizations of section 501(c)(9) voluntary			
s e t		employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	<del> </del>
	9	Prepaid expenses and deferred charges	13,863	9	1,680
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D· · · · · 10a 16,198			
	b	Less accumulated depreciation · · · · · · · · · · 10b 13,333	2,854	10c	2,865
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	,
	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	-	13	<del></del>
	14	Intangible assets · · · · · · · · · · · · · · · · · · ·		14	
	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·	3,400	15	3,400
	16	Total assets. Add lines 1 through 15 (must equal line 34)	478,000	16	372,972
	17	Accounts payable and accrued expenses	39,182	17	29,061
	18	Grants payable · · · · · · · · · · · · · · · · · · ·	<del></del>	18	
	19	Deferred revenue		19	11,984
ī	20	Tax-exempt bond liabilities		20	
a	21	Escrow or custodial account liability Complete Part IV of Schedule D · · · · · ·		21	
i	22	Payables to current and former officers, directors, trustees, key			
į		employees, highest compensated employees, and disqualified			
i t		persons Complete Part II of Schedule L		22	
ì	23	Secured mortgages and notes payable to unrelated third parties		23	
е	24	Unsecured notes and loans payable to unrelated third parties		24	
s	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25 · · · · · · · · · · · · · · · · · ·	39,182	26	41,045
		Organizations that follow SFAS 117, check here▶ [X] and			
NF		complete lines 27 through 29, and lines 33 and 34.			
e u t n	27	Unrestricted net assets · · · · · · · · · · · · · · · · · · ·	203,418	27	90,677
ď	28	Temporarily restricted net assets	235,400	28	241,250
A s B	29	Permanently restricted net assets • • • • • • • • • • • • • • • • • • •		29	
s B s a		Organizations that do not follow SFAS 117, check here ▶ ☐			
e I		and complete lines 30 through 34.	~ -		
t a s n	30	Capital stock or trust principal, or current funds		30	
C	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
о е г s	32	Retained earnings, endowment, accumulated income, or other funds · · · · · · ·		32	
. 3	33	Total net assets or fund balances · · · · · · · · · · · · · · · · · · ·	438,818	33	331,927
	34	Total liabilities and net assets/fund balances · · · · · · · · · · · · · · · · · · ·	478,000	34	372,972
	_	EEA			Form 990 (2010)

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Pai	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI	<u> </u>		· 🗀
1	Total revenue (must equal Part VIII, column (A), line 12) · · · · · · · · · · · · · · · · · · ·		650,	412
2	Total expenses (must equal Part IX, column (A), line 25)		757,	303
3	Revenue less expenses Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·	(	106,	891
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		438,	818
5	Other changes in net assets or fund balances (explain in Schedule O) 5			0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,			
	column (B))		331,	927
Pai	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			•
1	Accounting method used to prepare the Form 990		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	· 2a	X	
	Were the organization's financial statements audited by an independent accountant?	· 2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? • • • • • • • • • • • • • • • • • • •	· 2c	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	ĺ		

Both consolidated and separate basis

3b

Form 990 (2010)

EEA

issued on a separate basis, consolidated basis, or both

Consolidated 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?
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

Separate basis

### SCHEDULE À (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

36-3585238

Internal Revenue Service Name of the organization

Department of the Treasury

▶ Attach to Form 990 or Form 990-EZ.

Hou	sing	Action Illin								585238			
Pa	t I	Reason for	<b>Public Charity</b>	Status (All organiza	ations mus	t complete	this part)	See instr	uctions				
The	orgai	nization is not a privat	te foundation beca	use it is (For lines 1 thr	ough 11, c	heck only	one box)						
1		A church, convention	n of churches, or a	ssociation of churches of	described i	n section	170(b)(1)(	A)(i).					
2		A school described i	n section 170(b)(1	I)(A)(ii). (Attach Schedu	ile E)								
3		A hospital or a coope	erative hospital sei	rvice organization descri	ibed in sec	tion 170(l	o)(1)(A)(iii)	).					
4		A medical research	organization opera	ted in conjunction with a	hospital d	lescribed i	n section	170(b)(1)	( <b>A</b> )(iii). En	ter the hos	pital's n	ame,	
		city, and state											
5		An organization oper	rated for the benef	it of a college or univers	ity owned	or operate	d by a gov	ernmenta	unit desci	ribed in			
	_	section 170(b)(1)(A	)(iv). (Complete Pa	art II )									
6				r governmental unit desc	cribed in se	ection 170	(b)(1)(A)(v	/).					
7	X	An organization that	normally receives	a substantial part of its	support fro	m a gover	nmental u	nit or from	the gener	al public			
		described in section	170(b)(1)(A)(vi).	(Complete Part II )									
8		A community trust d	escribed in <b>sectio</b> i	n 170(b)(1)(A)(vi). (Com	plete Part	II)							
9	$\sqcap$	An organization that	normally receives	(1) more than 33 1/3%	of its supp	ort from c	ontribution	s, membe	rship fees	, and gross	3		
		receipts from activities	es related to its ex	empt functions - subject	to certain	exception	s, and (2) i	no more tl	nan 33 1/3	% of its			
		support from gross i	nvestment income	and unrelated business	taxable in	come (les	s section 5	11 tax) fro	om busine:	sses			
		acquired by the orga	inization after June	30, 1975 See section	509(a)(2).	(Complete	e Part III)						
10		An organization orga	anized and operate	d exclusively to test for	public safe	ty See se	ection 509	(a)(4).					
11		An organization orga	anized and operate	d exclusively for the bei	nefit of, to p	perform th	e functions	of, or to	carry out tl	ne			
		purposes of one or r	more publicly supp	orted organizations desc	cribed in se	ection 509	(a)(1) or se	ction 509	(a)(2) See	section			
		509(a)(3). Check the	box that describe	s the type of supporting	organizati	on and cor	mplete line	s 11e thro	ough 11h				
		a Type I	b 🗌 Type	h			lly integrat		d		II-Other		
е		By checking this box	k, I certify that the	organization is not contr	olled direct	lly or indire	ectly by one	e or more	disqualifie	d			
		persons other than f	oundation manage	ers and other than one o	r more pub	licly suppo	orted organ	nizations	described i	n section			
		509(a)(1) or section	509(a)(2)										
f		if the organization re	eceived a written de	etermination from the IR	S that it is	a Type I,	Type II, or	Type III s	upporting				_
		organization, check			• • • • •	• • • • •	• • • • •		• • • • •	• • • • •		• • •	••
g		Since August 17, 20	06, has the organi	zation accepted any gift	or contribu	ution from	any of the						
		following persons?											
				controls, either alone o								Yes	No
				y of the supported organ							11g(i)		
			•	cribed in (i) above? • •							11g(ii)		
				on described in (i) or (ii)			• • • • •				11g(iii)		
<u>h</u>			Ť	t the supported organiza	<del></del>		1		T				
	() N	lame of supported organization	(a) EIN	(a) Type of organization (described on lines 1-9	(iv) Is the o	_	(v) Did yo the organi		(vi) organizati	s the on in col		Amount upport	of
				above or IRC section	governing d		col (i)	of your	(i) organiz	ed in the		•	
				(see instructions)	\	N.	†	oort?	Voc				
				·	Yes	No	Yes	No	Yes	No	_		
(A)													
		· · · · · · · · · · · · · · · · · · ·	<del> </del> -		<del></del>				<del> </del>				
(B)			1						}				
					ļ	<b>_</b>							
(C)							}						
							-		ļ	_			
(D)							]						
450					+	-	<del> </del>		<del> </del>	<del>                                     </del>		<del></del>	
(E)													
			<del> </del>		<b>-</b>	<del>                                     </del>	-						

## Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part II

Part III If the organization fails to qualify under the tests listed below, please complete Part III )

Sect	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	560,216	622,945	678,725	774,788	648,456	3,285,130
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 · · · · ·	560,216	622,945	678,725	774,788	648,456	3,285,130
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)						88,610
6	Public support. Subtract line 5 from In 4	1 3					3,196,520
Sec	tion B. Total Support						
Caler	idar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4 · · · · · · · · ·	560,216	622,945	678,725	774,788	648,456	3,285,130
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,099	7,424	10,540	4,324	1,956	25,343
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) • • • • • • • • • • • • • • • • • • •						
11	Total support. Add lines 7 through 10 •		, ,				3,310,473
12	Gross receipts from related activities, etc	(see instructions)	• • • • • • • • •	• • • • • • • •	• • • • • • • • •	12	
13	First five years. If the Form 990 is for the	organization's first	, second, third, for	ırth, or fifth tax yea	r as a section 501	(c)(3)	. —
	organization, check this box and stop here				· · · · · · · · · · · · · · · · · · ·		• • • • •
	tion C. Computation of Public Su	<u>ipport Percent</u>	age	(0)			06.56.0/
14	Public support percentage for 2010 (line 6						96.56 %
15	Public support percentage from 2009 Sche					15	70
16a	33 1/3% support test - 2010. If the organi						<b>▶</b> 👽
	and stop here. The organization qualifies						· · · · · ▶ X
D	33 1/3% support test - 2009. If the organi						
	box and stop here. The organization quali						• • • • • • • • • • • • • • • • • • •
17a	10%-facts-and-circumstances test - 201						
	more, and if the organization meets the "fa						▶ □
	organization meets the "facts-and-circums						• • • • • • □
Ь	10%-facts-and-circumstances test - 200						
	more, and if the organization meets the "fa						<b>.</b> .
	organization meets the "facts-and-circums						<del></del>
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16l	b, 17a, or 17b, che	ck this box and se	e instructions · ·	• • • • • ▶ □

36-3585238

Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II

If the organization fails to qualify under the tests listed below, please complete Part II )

Sect	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
r	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
C I	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						
	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
ŀ	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf · · · · · · · · · · · · · · · · · · ·						
f	The value of services or facilities furnished by a governmental unit to the organization without charge · · · · · · ·						
6	Total. Add lines 1 through 5 · · · · · ·						
	Amounts included on lines 1, 2, and 3 received from disqualified persons • • • •						
t	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 I	Public support (Subtract line 7c from line 6) · · · · · · · · · · · · · · · · · ·		· * * · · ·				
	tion B. Total Support			1	r	1	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
10a (	Amounts from line 6 · · · · · · · · · · · · · · · · · ·						
9	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c /	Add lines 10a and 10b · · · · · · · · ·						
\	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
- 1	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 o organization, check this box and stop here	rganızatıon's first,	second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)	▶ □
Sect	tion C. Computation of Public Su	pport Percent	age			T I	
	Public support percentage for 2010 (line 8,						<u>%</u>
	Public support percentage from 2009 Scheo					16	%
Sect	tion D. Computation of Investme Investment income percentage for 2010 (lin	nt Income Per	centage	column (fi)		17	%
	Investment income percentage for 2010 (iii) Investment income percentage from 2009 S					18	
	myosument income percentage nom 2005 c						
. 3d	33 1/3% support tests - 2010. If the organi	zation did not chec and stop here. T	ok the box on line he organization di	ualifies as a public	more than 33 1/39 dv supported organ	₀, and line nization   • • • •	▶ □
b :	33 1/3% support tests - 2010. If the organi. 17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2009. If the organi. line 18 is not more than 33 1/3%, check this	and <b>stop here.</b> T zation did not chec	he organization qu ck a box on line 14	ualifies as a public I or line 19a, and l	cly supported orgai line 16 is more tha	nization • • • • • n 33 1/3%, and	

### SCHEDULE C (Form 990 or 990-EZ)

## Political Campaign and Lobbying Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ

See separate instructions.

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizations	S Complete Part III			
Name	of organization			Employer	identification number
Но	using Action Illinois			36-35	85238
Pa	rt I-A Complete if the organi	zation is exempt under section	on 501(c) or is	a section 527 org	anization.
1	Provide a description of the organization				
2	Political expenditures · · · · · · ·			• • • • • • • • • • • • • • • • • • •	
3	Volunteer hours · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •			
Pa	rt I-B Complete if the organi	zation is exempt under section	on 501(c)(3).		
1	Enter the amount of any excise tax incur				
2	Enter the amount of any excise tax incur				
3	If the organization incurred a section 495	55 tax, did it file Form 4720 for this year	?	• • • • • • • • • • •	· · Yes No
4a	Was a correction made?		• • • • • • • •	• • • • • • • • • • •	· · Yes No
b	If "Yes," describe in Part IV				
Pa		zation is exempt under section		ept section 501(c)	(3).
1	Enter the amount directly expended by the	* *			
	activities · · · · · · · · · · · · · · · · · · ·		• • • • • • • •	· · · · · · • * _	<u> </u>
2	Enter the amount of the filing organization				
	527 exempt function activities • • • • •	• • • • • • • • • • • • • • • • • • • •	• • • • • • • •	• • • • • • • • • • • • • • • • • • •	
3	Total exempt function expenditures Add		•		
	line 17b				
4	Did the filing organization file Form 1120				
5	Enter the names, addresses and employ				
	organization made payments. For each of	•	•	•	
	the amount of political contributions rece	• • • •	·		
	as a separate segregated fund or a politi	cal action committee (PAC) If addition	al space is neede	d, provide information in	Part IV
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)			<del></del> .		
(2)			<del></del>		
(3)					
(4)					
(5)					
(6)					

EEA

P	art II-A Complete if the organization i	s exempt under section 501(c)(3) and filed	Form 5768 (electi	on under
	<u>section 501(h)).</u>			
4	Check ▶ ☐ if the filing organization belongs to a	n affiliated group		
В	Check ▶ ☐ If the filing organization checked box	A and "limited control" provisions apply		
	Limits on Lobby	ing Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public opi	nion (grass roots lobbying)	3,966	
t	Total lobbying expenditures to influence a legislati	ve body (direct lobbying)	9,660	
C			13,626	
•	Other exempt purpose expenditures · · · · ·		743,678	
•	Total exempt purpose expenditures (add lines 1c a	and 1d)	757,304	
f	Lobbying nontaxable amount. Enter the amount from	om the following table in both		
	columns		138,596	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is :		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		`
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
ç		1f) · · · · · · · · · · · · · · · · · · ·	34,649	
ı	Subtract line 1g from line 1a. If zero or less, enter	-0		
i	Subtract line 1f from line 1c If zero or less, enter-	0		
j	If there is an amount other than zero on either line	1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			Yes X No
	•			

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

	L	obbying Expenditures D	uring 4-Year Averag	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d</b> ) 2010	(e) Total
2a	Lobbying nontaxable amount	122,247	120,892	134,832	138,596	516,567
b	Lobbying ceiling amount (150% of line 2a, column (e))		, ,	ć,		774,851
	Total lobbying expenditures	13,625	10,110	17,639	13,626	55,000
d	Grassroots nontaxable amount	30,562	30,223	33,708	34,649	129,142
e	Grassroots ceiling amount (150% of line 2d, column (e))	* ,		ν,		193,713
f	Grassroots lobbying expenditures	13,625	6,066	10,583	3,966	34,240

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT file (election under section 501(h)).	ed F	orm	5768		
	(cicotion ander ocotion oo 1/11//	(;	a)		(b)	
	•	Yes	No	Ar	nount	:
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of			E		
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? · · · · · · ·					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body? • • • • • • • • • • • • • • • • • • •					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? • • • • • • • • • • • • • • • • • • •			<u> </u>		
i	Other activities? If "Yes," describe in Part IV · · · · · · · · · · · · · · · · · ·			ļ		_
j	Total Add lines 1c through 1i · · · · · · · · · · · · · · · · · ·					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? · · · · · · · · · · ·				-	
þ	If "Yes," enter the amount of any tax incurred under section 4912 · · · · · · · · · · · · · · · · · · ·			<u> </u>		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			<u> </u>		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			<u> </u>	1	,
Pa	Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), c	or se	ction		
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? • • • • • • • • • • • • • • • • • •			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
1	Complete if the organization is exempt under section 501(c)(4), section 501(c)  501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines "Yes."  Dues, assessments and similar amounts from members	e 3 i			t	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		<u> </u>	<del> </del>		
2	political expenses for which the section 527(f) tax was paid).					
_	Current year · · · · · · · · · · · · · · · · · · ·		2a			
a	Carryover from last year · · · · · · · · · · · · · · · · · · ·		2b			
b	Total · · · · · · · · · · · · · · · · · · ·		2c			
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues · · · · · · · ·		3	<del> </del>		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		<u> </u>			
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		*			
	and political expenditure next year? · · · · · · · · · · · · · · · · · · ·		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5		-	
	rt IV Supplemental Information			<u> </u>		
Com	plete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line plete this part for any additional information	e 1ı /	Also,			
					_	

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

larme (	of the organization	Employer identification number
lou	sing Action Illinois	36-3585238
	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A the organization answered "Yes" to Form 990, Part IV, line 6	Accounts. Complete if
	(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 can be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	purpose conferring impermissible private benefit?	
Par	t II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	V, line 7
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education)  Preservation of an historically	·
	Protection of natural habitat Preservation of a certified hist	oric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nservation
	easement on the last day of the tax year	
		Held at the End of the Tax Year
а	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
đ	Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic	
_	structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	ization during
	the tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · Yes · · No
e	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the	
6	Stall and volunteer flours devoted to monitoring, inspecting, and emotoring conscivation easements during the	c year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ar
•	S	-
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
•	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?	· · · · · · · · · · · · Yes · · No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense states	
-	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	the organization's accounting for conservation easements	
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	r 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 (ASC 958), not to report in its revenue statement a	nd balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e 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 (ASC 958), to report in its revenue statement and be	palance 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 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	· · · · · ▶ \$
b	Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • •

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 va	alue
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other		_		
(A)				
(B)		_		
(C)				
(D)		_		
(E)				** *
(F)				
(G)				
(H)	<u> </u>	_		
<u>(l)</u>				
<del></del>	(b) must equart offit 950, Fart X, cor (b) fine 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 v	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)			···-	<del></del>
(9)				
(10)				
	(b) mast equal 1 sim ess; t are x; ess. (b) mis is )	)		
Part IX	Other Assets. See Form 990, Part X,			(h) Rook value
(1) Pent:	al Deposit	(a) Description		(b) Book value 3,400
(2)	1 Deposit			5,100
(3)		<del> </del>		<del>-</del> , <del>-</del> .
(4)				
(5)			-10.	
(6)				
(7)				
(8)				
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col (B) lir	ne 15) · · · · · · · · · · · · · · · · · · ·		3,400
Part X	Other Liabilities. See Form 990, Part		- 1-	
1.	(a) Description of liability	(b) Amount		
	Income taxes		7.	
(2)				
(3)				
(4)				
(5)			,	
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	(b) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>		
	SC 740) Footnote In Part XIV, provide the tex	t of the footnote to the organization's	financial statements that reports the	•

organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stat	<u>emen</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	650,412
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	757,303
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	(106,891)
4	Net unrealized gains (losses) on investments · · · · · · · · · · · · · · · · · · ·	4	
5	Donated services and use of facilities · · · · · · · · · · · · · · · · · · ·	5	
6	Investment expenses · · · · · · · · · · · · · · · · · ·	6	
7	Prior period adjustments · · · · · · · · · · · · · · · · · · ·	7	
8	Other (Describe in Part XIV)	8	<del></del>
9	Total adjustments (net) Add lines 4 through 8 · · · · · · · · · · · · · · · · · ·	9	(106,891)
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 · · · · · · · ·	10	·
	<b>Total revenue, gains, and other support per audited financial statements</b> **Total revenue, gains, and other support per audited financial statements**  **Total revenue, gains, and other support per audited financial statements**  **Total revenue, gains, and other support per audited financial statements**  **Total revenue, gains, and other support per audited financial statements**  **Total revenue, gains, and other support per audited financial statements**  **Total revenue, gains, and other support per audited financial statements**  **Total revenue, gains, and other support per audited financial statements**  **Total revenue, gains, and other support per audited financial statements**  **Total revenue, gains, and other support per audited financial statements**  **Total revenue, gains, and other support per audited financial statements**  **Total revenue, gains, and other support per audited financial statements**  **Total revenue, gains, and other support per audited financial statements**  **Total revenue, gains, and other support per audited financial statements**  **Total revenue, gains, and gain	Retu 1	650,412
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12	<u>'</u>	000/122
2	Net unrealized gains on investments · · · · · · · · · · · · · · · · · · ·	ł	
a	Donated services and use of facilities	-	
b	Recoveries of prior year grants · · · · · · · · · · · · · · · · · · ·		
c d	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·	1	
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	650,412
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a		
b	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · 4b	7	
C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	650,412
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn
1	Total expenses and losses per audited financial statements	1	757,303
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities · · · · · · · · · · · · · · · · · · ·	_	
b	Prior year adjustments · · · · · · · · · · · · · · · · · · ·	_ .	
c	Other losses		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	757,303
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a	4	
Ь	Other (Describe in Part XIV)	٠,	
_ C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	757,303
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	] 5	737,303
Com	rt XIV Supplemental Information  plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1	<u> </u>	
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
	part to provide any additional information		

### SCHEDULE M (Form 990)

#### **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

Inspection Employer identification number

OMB No 1545-0047

2010

Open to Public

Name of the organization 36-3585238 Housing Action Illinois Types of Property Part I (c) (d) (b) (a) Noncash contribution Method of determining Check if Number of contributions or amounts reported on Form 990, Part VIII, line 1g noncash contribution amounts items contributed applicable Art-Works of art . . . . . . Art-Historical treasures · · · · Art-Fractional interests . . . . . Books and publications · · · · · Clothing and household 5 Cars and other vehicles · · · · 6 Boats and planes . . . . . . 7 72,334 FMV Intellectual property · · · · · · 8 9 Securities-Publicly traded · · · · Securities-Closely held stock · · 10 Securities-Partnership, LLC, 11 or trust interests . . . . . . . . Securities-Miscellaneous · · · · 12 13 Qualified conservation contribution - Historic structures ...... Qualified conservation 14 contribution - Other · · · · · · 15 Real estate-Residential · · · · · 16 Real estate-Commercial · · · · Real estate-Other · · · · · · 17 18 Collectibles · · · · · · · · · · · Food inventory . . . . . . . . 19 20 Drugs and medical supplies · · · 21 Historical artifacts . . . . . . 22 Scientific specimens · · 23 Archeological artifacts . . . . . 24 25 Other ( Other > 26 27 Other ►( Other ( 28 Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes Νo 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 30a Х 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 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? ...... 32a X b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

describe in Part II

### SCHEDULÈ O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization Employer identification number 36-3585238 Housing Action Illinois 01. Members or stockholder classes and rights (Part VI, line 6) Housing Action Illinois is open to organizations and individuals who wish to be members by subscribing to Housing Action Illinois' mission and by paying dues as determined by the Board of Directors 02. Member election for additional members (Part VI, line 7a) At each Housing Action Illinois Annual Membership meeting, the open Director seats are voted upon by member organizations. 03. Form 990 governing body review (Part VI, line 11) The Audit Committee reviewed the 990 prior to submission. Conflict of interest statements are signed by the Board annually and any potential conflicts are encouraged to be shared. 04. Conflict of interest policy compliance (Part VI, line 12c) Conflict of Interest Statements are signed by the Board annually and any potential conflicts are encouraged to be shared. 05. CEO, executive director, top management comp (Part VI, line 15a) Executive Director compensation is voted, determined and approved by the Board of Directors. 06. Other officer or key employee compensation (Part VI, line 15b Employee compensation is determined and approved by the Executive Director. 07. Governing documents, etc, available to public (Part VI, line 19)

Financial Statements and 990s are available to the public via the Illinois Attorney

Schedule Q (Form 990 or 990-EZ) (2010) Name of the organization	Page 2
	Employer identification number
Housing Action Illinois	36~3585238
General's office and by request.	
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Housang Action Illinois   Housang Action Illinois   Housang Action Illinois   Housang Action Illinois   Housang Action Illinois   Housang Action Illinois   Housang Action Illinois   Housang Action Illinois   Housang Action Illinois   Housang Action Illinois   Housang Action	Form 990 Worksheet	Schedule A,		Line 5 - Excess 2% Limitation Contributors (Keep for your records)	. Contributors			2010
the amount on Schedule A, part II, line 11, column (f)  Name  Name  100, 000	Name of the organization Housing Action Illinois						Employer identificat 36-3585238	oon number 3
Name   (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	2% of the amount on Schedule A, part II, line 11, colum	(j) uı	•	•	•		•	66,209
Name         2006         2007         2008         2010         Total           ago Communtty Trust         1100,000         100,000         100,000         30,000         30,000         25,000		(a)	(q)	(c)	(p)	(e)	(4)	(6)
ago Community Trust 100,000 100,000 100,000 as Fund Brothers Foundation 25,000 25,000 25,000 avoid Foundation 20,000 20,000 20,000 avoid Foundation 50,000 20,000 avoid Foundation 50,000 20,000 20,000 20,000 avoid Foundation 50,000 20,00	Name	2006	2007	2008	2009	2010	Total	Excess contributions (col. (f) minus
ago Community Trust         100,000         10           s Fund         30,000         3           Brothers Foundation         25,000         2           awood Foundation         20,000         5           d Victoria Foundation         50,000         5           dpartment of Housing         66,287         6           post America         120,950         12           of America         20,000         2           tex One         8,667         2           nture         25,000         2           d Foundation         5,000         2           t Midwest Bank         5,000         2           ex Fargo         5,000         5           private Bank         5,000         5           port Foundation         5,000         6           pank         5,000         6           poundation         5,000         6           poundation         6,000         6           poun								the 2% limit)
S Fund         30,000         3           Brothers Foundation         25,000         25,0						100,000	100,000	33,791
Brothers Foundation         25,000         2           awood Foundation         20,000         2           awood Foundation         50,000         5           Morgan Chase Bank         66,287         6           Morgan Chase Bank         66,287         6           nois Housing Development Author         20,000         2           ter Ome         8,667         10,000         1           ter Ome         25,000         2           ter Ome         25,000         2           ter Ome         25,000         2           ter Ome         5,000         2           ter Ome         5,000         2           ter Ome         5,000         2           se Fargo         7,500         5           BANK         5,000         10,000           Foundation         10,000         10,000	Woods Fund					30,000	30,000	
awood Foundation     20,000       awood Foundation     50,000       Morgan Chase Bank     50,000       Morgan Chase Bank     66,287       epartment of Housing Development Author     20,000       of America     10,000       ter One     8,667       inelyae     25,000       d Foundation     5,000       s Fargo     15,000       cot Foundation     5,000       BANK     10,000       Foundation     10,000	Polk Brothers Foundation					25,000	25,000	
d Victoria Foundation       50,000       50,000       50,000       50,000       50,000       50,000       50,000       50,000       50,000       20,000       20,000       20,000       25,000       20,000 <t< td=""><td>Alphawood Foundation</td><td></td><td></td><td></td><td></td><td>20,000</td><td>20,000</td><td></td></t<>	Alphawood Foundation					20,000	20,000	
Morgan Chase Bank       50,000         epartment of Housing       66,287         nois Housing Development Author       120,950       12         of America       20,000       2         ter One       10,000       1         nture       8,667       2         ieMae       25,000       2         t Midwest Bank       5,000       2         private Bank       5,000       2         s Fargo       7,500       6         cot Foundation       5,000       6         BANK       5,000       6         Foundation       10,000       1	Grand Victoria Foundation					50,000	50,000	
epartment of Housing       66,287       6         nois Housing Development Author       120,950       12         of America       20,000       2         ter One       10,000       1         nture       8,667       2         ieMae       25,000       2         ard H. Driehaus Foundation       5,000       1         Private Bank       5,000       5,000         s Fargo       7,500       6         cot Foundation       5,000       6         BANK       5,000       6         Foundation       5,000       6         Foundation       10,000       1	J.P. Morgan Chase Bank					20,000	20,000	
of America     120,950     12       of America     20,000     2       ter One     10,000     1       nture     8,667     25,000     2       leMae     25,000     2       t Midwest Bank     5,000     15,000       private Bank     5,000     5,000       s Fargo     7,500     6       oot Foundation     55,000     6       BANK     5,000     10,000     1	US Department of Housing					66,287	66,287	78
of America     20,000     2       ter One     10,000     1       nture     8,67     25,000     2       ieMae     25,000     2       d Foundation     25,000     2       ard H. Driehaus Foundation     5,000     1       Private Bank     5,000     7,500       s Fargo     7,500     6       cot Foundation     55,000     6       BANK     5,000     10,000     1	Illinois Housing Development Author					120,950	120,950	54,741
ter One ter One 10,000 1  nture	Bank of America					20,000	20,000	
nture     8,667       neWae     25,000     25,000       d Foundation     25,000     25,000       ard H. Driehaus Foundation     5,000     15,000       Private Bank     5,000     7,500       s Fargo     7,500     5,000       boot Foundation     5,000     5,000       Foundation     10,000     10,000	Charter One					10,000	10,000	
1eMae       25,000       2         d Foundation       25,000       2         t Midwest Bank       5,000       15,000         ard H. Driehaus Foundation       5,000       1,500         Private Bank       5,000       5,000         s Fargo       7,500       5,000         boot Foundation       5,000       5,000         Foundation       10,000       1	Accenture					8,667	8,667	
d Foundation       25,000       2         t Midwest Bank       5,000       15,000         ard H. Driehaus Foundation       5,000       1         Private Bank       5,000       7,500         cot Foundation       55,000       5,000         BANK       10,000       1	FannıeMae					25,000	25,000	
t Midwest Bank ard H. Driehaus Foundation  Private Bank S Fargo oot Foundation  BANK Foundation  15,000  7,500  5,000  10,000  10,000	Field Foundation					25,000	25,000	
ard H. Driehaus Foundation       15,000         Private Bank       5,000         s Fargo       7,500         cot Foundation       55,000         Foundation       10,000	First Midwest Bank					5,000	2,000	
Private Bank         5,000           s Fargo         7,500           cot Foundation         55,000           BANK         5,000           Foundation         10,000	ı					15,000	15,000	
s Fargo       7,500         oot Foundation       55,000       5         BANK       5,000       10,000       1	The Private Bank					2,000	5,000	
oot Foundation       55,000       5         BANK       5,000       10,000       1	Wells Fargo					7,500	7,500	
BANK         5,000           Foundation         10,000         1	Taproot Foundation					55,000	55,000	
10,000	U.S. BANK					2,000	5,000	
	PNC Foundation					10,000	10,000	

88,610