

# 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



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 2010 Open to Public inspection

	<u>A</u>		endar year, or tax year begi		\\ T TMT^\\	, and ending FOR AFFORDA	DT.F		7.	E-cl-	idontification	
		Check if applicable: Address change	<b>-</b> · · · -	HOUSING	JALITION	FOR AFFORDA			_]°		identification	Inumber
	$\Gamma$	Name change	Doing Business As	·		····				<u>38-29</u>	77384	
	$\equiv$	Initial return	Number and street (or P O	box if mail is not o	lelivered to stre	et address)	ļ	Room/suite	E	Telephone	number	
	$\equiv$		300 East Maple		<u>ite 270</u>					<del></del>		
	$\equiv$	Terminated	City or town, state or countr	y, and ZIP + 4					1			
	X	Amended return	Birmingham	<del></del>	MI 4	8009		<del></del>	<b>G</b> Gr	oss receipts \$	15,80	04,652
		Application pending	F Name and address of princi	•				H(a) Is thus a	group re	tum for affiliate	es? Ye	s X No
			Bradley Bul			000		H(b) Are all				s No
			1500 SW 1st	Ave. S	Suite 1			1 ''			ee instructions	
		<del></del>	Portland			97201	7	"	110, 410	20. 0 1152 (5	00 11100 0000113	•,
	<u>+</u> -	Tax-exempt status		(c) (	(insert no )	4947(a)(1) or	527					
	_		X Corporation Trust		04		Ti v	H(c) Group ear of formation	1991			ncle MI
		Form of organization.		Association	Other	· · · · · · · · · · · · · · · · · · ·		ear or romation	<u> </u>		State of legal dom	icie 1-1-1
			mmary scribe the organization's mi	soon or most o	anifoant acti	ution:						
		1	schedule O	ission or most s	grincant acu	nues.		•	• • • •		••	•
	92	266	Scheddie O		•••			•	•	• •	• • • • • • • • • • • • • • • • • • • •	
	Activities & Governance							••	• •			•
	79									٠		
	တိ	2 Check the	_			ns or disposed of mo	ore man 20%	or its net asse	ະເຣ. 	3 4		
	۰ő		f voting members of the go			• • • • • • • • • • • • • • • • • • • •			·	4 4		
	tie		f independent voting meml						ŀ	·		
	Ęį		ber of individuals employed	-	•	V, line 2a)		-	. }	5 0		
	Ac		ber of volunteers (estimate		•		•			6 4		
		7a Total unre	lated business revenue fro	m Part VIII, colu	ımn (C), line	12 .			Ļ	7a		
		b Net unrela	ited business taxable incor	ne from Form 9	90-T, line 34			·		7b		0
2							 	Prior Y	ear		Current Ye	
2012	9		ons and grants (Part VIII, li								15,75	
7	anc	9 Program	service revenue (Part VIII, I	ine 2g) .								1,000
<del></del>	Revenue	10 Investme	nt income (Part VIII, column	n (A), lines 3, 4,	and 7d)							-684
<del></del> 1	æ	11 Other rev	enue (Part VIII, column (A),	, lines 5, 6d, 8c,	9c, 10c, and	11e)	. L					<u>0,687</u>
Z		12 Total reve	nue - add lines 8 through	11 (must equal i	Part VIII, colu	mn (A), line 12)					15,804	<b>4,652</b>
JAN		13 Grants ar	d sımilar amounts paid (Pa	rt IX, column (A	), lines 1-3)				-	T	_	
			aid to or for members (Par				΄΄ Γ					
			other compensation, emplo		• •	(A), lines 5–10)	. Г					
SCANNED	Expenses	i	nal fundraising fees (Part I)			(	·					
Z	90		raising expenses (Part IX,		•		· · · ·	N. N. 777	77. 7	77 773		
Æ	X					<del></del>	····			_	7:	2,204
200	ſ	49 Tetal aver	enses (Part IX, column (A)	-DECE	VETA		·· [-		-	<del></del>		2,204
48		40 Davisson	enses Add lines 13–17 (mu	siledual Part IX	, COIULIID(A),		· · ·  -	<del></del>			15,732	
	58	15 Revenue	ess expenses. Subtract line	<del>e-ro</del> ποπι line i.	٠	ا.هما	<del></del>	Beginning of C	urrent Y	Par Par	End of Yea	
	ats (	20 Total acce	ts (Part X, line 16)	JAN O!	2012	121		Dogitioning of O	7,5		15,799	
	Assets or	24 Total light	1 .Arr.		,	IRS-0	· · }	<del></del>	3,7			3,392
	걸		,	<b>{</b> •		J-\			3,7		15,736	
			or fund balances. Subtrac	t-line 24-trom lin		<del></del>	·		3, <i>i</i>	12	15,730	3,220
			nature Block									
		der penalties of pe e, correct, and con	rjury, I declare that I have exam	nined this return, in	cluding accomp	canying schedules and s Information of Which pre	tatements, and	to the best of n	ny knowi	edge and b	elief, it is	
		e, correct, and con	piete Declaration prepares	duler dian oncer	48-bascu on au	mormador or writer pre	parer nas any	Kilowiedge		10 0		
		-		<u>~                                    </u>						12.2	7-11	
	Sig	1 .	nature of officer	T /2. 1	lock	0.00.0	1	•		Date		
	Her	, , , , ,	Vagley >	1 Du	TOCK	Presid	uj_					
		τ,	pe or print name and tifle					<u> </u>				
	_		preparer's name		Preparer's sig	nature / / / //		Date		Check	if PTIN	
	Paid	ROBERT	F. WINNICK		<u></u> _	INVIN		12/2	3/11	elf-employe	p010704	459
	Prep	arer Firm's na	ne BORDMAN	WINN & W	ICK, CI	PA			Firm's E	in▶		
	Use	Only		DDLEBEL		STE. 3						
		Firm's ad		MFIELD,		3322			Phone r	. 24	18-851-	-5350
	May		this return with the prepare						- HOHE I	~		
			uction Act Notice, see the					<del></del>			Yes	
	Z 7: 1	ahei wolk 1480	ucuvii ACL NOLICE, 366 MI	a saharam wzn	ucuons.						rom 3	90 (2010)

orm 990 (2010)	MIDWEST COALITION	FOR AFFORDABLE	38-2977384	Page 2
	tatement of Program Servi			(2)
		s a response to any question	in this Part III	X
See Sche	ibe the organization's mission			
-	· -	ogram services during the year which	were not listed on the	
•	90 or 990-EZ? cribe these new services on Schedu	lo O		Yes X No
		significant changes in how it conduct	s any program	
services?	<b>3</b> ,		of any program	Yes X No
If "Yes," des	cribe these changes on Schedule O			
			st program services by expenses. See	
			port the amount of grants and allocate	ons to
others, the to	otal expenses, and revenue, if any, t	or each program service reported		
4a (Code	) (Expenses \$	47,393 including grants of \$	) (Reveni	ue \$ 15,804,652
	and assisted affor	ordable housing as	a participant in	
	d housing projects		•	•
lb (Code	) (Expenses \$	including grants of \$	) (Revenu	ue \$
	-,,,, ·· _ i			······································
c (Code	) (Expenses \$	including grants of \$	) (Revenu	ue \$
d Other program	m services (Describe in Schedule (	D)		<del></del> -
(Expenses	•	ding grants of \$	) (Revenue \$	)
	m service expenses	47,393		

# 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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	_		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	:	-	-
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		İ	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		ľ	
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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		X
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		<u> </u>
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
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)	20b		

Pa	art 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					
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts i and II			21		Х
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		Х
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		Х
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		х
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		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		х
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 I			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		х
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		X
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	Yes	X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable					
	related organization? If "Yes," complete Schedule R, Part V, line 2			36		х
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	

14a

X

13c

Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2010) MIDWEST COALITION FOR AFFORDABLE 38-2977384 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions  $\mathbf{X}$ Check if Schedule O contains a response to any guestion in this Part VI Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year h Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? X 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 X Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members X of the governing body? X Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? X Each committee with authority to act on behalf of the governing body? 8Ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 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 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? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Does the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Х 12c 13 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 14 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 X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, 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 X with a taxable entity during the year? 16a 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 Section C. Disclosure MI 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available 18 for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, 19 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 🕨 Bradley Bullock c/o 20250 Harper Ave. MI 48225 Harper Woods

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

  Check this box if neither the organization per any related organizations empensated any current officer, director, or trustees.

X Check this box if neither the orga	nization nor any	relat	ed o	rganı	zatio	ns a	ompe	ensated any current officer,	director, or trustee	
(A) Name and Title	(B) Average			(check		hat ap		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) FRED HASH		Ì							_	_
President/Director	0.00	X	<b>!</b>	X		$\vdash$	$\vdash$	0	0	0
(2) JACK ZOLLINGER								_		_
Vice-Pres/Director	0.00	X	<u> </u>	X		┢		0	0	0
(3) BRADLEY BULLOCK	0.00	١,,		.,				,		_
Vice-Pres/Director (4) PHIL MCCAFFERTY	0.00	X		X		H	$\vdash$	0	0	0
Sec/Treas/Director	0.00	x		x		i		0	o	0
(5)	0.00	┢		^					0	
(6)										
(7)		<u> </u>	ļ							
(8)										
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(14)										
(15)		T								
(16)	<u>.</u>									
	,	1		1				i		

_rai	T VII Section A. Onicers	, Directors, Trus	1662	, Nej	, 511	(טולו	ecs,	ail	d Highest Compensated E	improyees (continued)		
	Name and Title	Name and Title Average Position (check a							(D) Reportable compensation	(E)  Reportable  compensation from	(F) Estimated amount of	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(17)	· · · · · · · · · · · · · · · · · · ·											
(18)												
(19)												
(20)	. · · · · · · · · · · · · · · · · · · ·											
(21)												
(22)												
(23)												
(24)												
(25)												
(26)												
(27)		<del>                                      </del>										
(28)												
1b c	Sub-total  Total from continuation shee	ite to Part VII. S	actio	n A		<u> </u>		<b>&gt;</b>				
d	Total (add lines 1b and 1c)	its to ruit vii, o	cuo					•	· ···			
2	Total number of individuals (increportable compensation from			to th	ose	liste	d abo	ove)	who received more than \$1	00,000 in		
3	Did the organization list any fo			or tru	stee.	kev	emp	olove	ee. or highest compensated		Yes	
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	complete Schedu	ile J of rep	for so	uch i	ndıvı omp	dual ensat	ion	and other compensation from	m the	3	X
5	individual  Did any person listed on line 1	a receive or accr	ue co	mpe	nsat	ion f	rom a	any	unrelated organization or inc	dıvıdual	5	X
	for services rendered to the or tion B. Independent Contractor	-	s, u	Jriipi	ele c	cile	uule	J 10	r such person		131	1 44
1	Complete this table for your five compensation from the organization	e highest compe	nsate	ed in	depe	nder	nt cor	ntrac	ctors that received more that	n \$100,000 of		
	Name and	(A) I business address							Descrip	(B) tion of services	(C) Compensa	ation
	<del></del>											
								<u> </u>	··	<del></del>		
					·							<del>.</del>
_			. <u>.</u> - •			.4- *	Ac "	L	Indeed about Visites			
<u> </u>	Total number of independent of received more than \$100,000 in		_						ilisted above) who	0	- 000	0 (2040)

35	3-2	97	7	38	4

rt V	III Statement of Rev			(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					
1a b c d	Membership dues	1b					
ြင	Fundraising events	1c		7			Ì
d	Related organizations	1d		٦,			
e	Government grants (contributions)	1e	15,679,549				,
f	All other contributions, gifts, grants,		,_,	7			•
į į	and similar amounts not included above	1f	74,100				
_	Noncash contributions included in lines 1		s 15,679,549		-		
_	Total. Add lines 1a-1f	<b>6</b> -11 <b>3</b>	• 13,0,3,34. •	15,753,649			
<del></del>	Total. Add lines 1a-11		Busn. Cod	-			
2a	Non-Profit Service	Foo	Busii. Cou	1,000	1,000		
b		100		1,000	2,000		
-							
ر د							<del>                                     </del>
d			<u> </u>				<del>                                     </del>
e	All ather assesses		-	+			
i	All other program service reve	#IUE		1 000			<u> </u>
$\overline{}$	Total. Add lines 2a–2f		<u> </u>	1,000			<del>r</del>
3	Investment income (including	aiviaena	is, interest,	604	604		
١.	and other similar amounts)			-684	-684		-
4	Income from investment of ta	x-exempt	bond proceeds				
5	Royalties		<u>_</u>			-	
i .	(i) Real	$\rightarrow$	(II) Personal	-			-
6a	<u> </u>	$\longrightarrow$				•	
b	Less rental exps	i		<b>d</b>			
C	Rental inc or (loss)				<del></del>		
d	Cross amount from		<u> </u>				
'a	Gross amount from sales of assets (i) Secunting	es	(ii) Other		,	1	
	other than inventory					-	-
b	Less cost or other						
	basis & sales exps				,		
C	Gain or (loss)						
d	Net gain or (loss)		<b></b>				
8a	Gross income from fundraising evi	ents				-	
	(not including \$						
	of contributions reported on line 1	2)					
	See Part IV, line 18	a					
Ь	Less direct expenses	ь		Ţ <u>.</u>			
	Net income or (loss) from fun-	٠.	events	<del> </del>			
I	Gross income from gaming activities	٠,	o como		-		····
""	See Part IV, line 19	a l				•	
h	Less direct expenses	ь		┥ . ^ .	-	,	
	·		utoo .			<u> </u>	<del>                                     </del>
	Net income or (loss) from gan	. г	vities				
TUA	Gross sales of inventory, less			7. 2.			-
	returns and allowances	a				-	
þ	Less cost of goods sold	ρĹ	<del></del>		<del></del>		
	Net income or (loss) from sale		1	- 1 · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,		
С	Miscellaneous Revenu		Busn. Code				<u></u>
		rest		50,687	50,687		<u> </u>
11a	Exempt function inte			I	,	<u> </u>	
	Exempt function inte		<del></del>	†			
11a	Exempt function inte						
11a b	Exempt function inte						
11a b c	·		•	50,687 15,804,652	51,003		

# 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)

		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	(A) Total expenses	Program service	Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		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			1	
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,		· · ·		
3	trustees, and key employees				
6	Compensation not included above, to disqualified				
٠	•				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)			<del></del>	
7	Other salanes and wages				
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits	<u> </u>			
10	Payroll taxes				
11	Fees for services (non-employees)	42 202	40.000		
а	Management	43,329	43,329	11 272	·-
b	Legal	14,388	3,015	11,373	-
С	Accounting	250		250	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		·····		
f	Investment management fees				
g	Other	13,188		13,188	
12	Advertising and promotion				
13	Office expenses	22	22		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	404	404		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	623	623		
24	Other expenses Itemize expenses not covered	u n		-	
	above (List miscellaneous expenses in line 24f If		- '		
	line 24f amount exceeds 10% of line 25, column	.	-		
	(A) amount, list line 24f expenses on Schedule O)				- ,
а	,				
b					
c		····			
d					<del></del>
e					<del></del>
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	72,204	47,393	24,811	0
26	Joint costs. Check here ▶ If following	,2,203	41,000	23,011	
20	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				
200	campaign and fundraising solicitation	<u> </u>			5 000

Part.	X Balance Sheet					т
				(A) Beginning of year		(B) End of year
T <sub>1</sub>	Cash—non-interest bearing			11,373	1	74,259
2	Savings and temporary cash investments				2	· · · / - · · · / - · · · · · · · · · ·
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	50,579
5	Receivables from current and former officers, directors, ti	rustees kev		:		
	employees, and highest compensated employees. Compl	•		~ -	-	
	Schedule L				5	
6	Receivables from other disqualified persons (as defined u	under section			Ť	
	4958(f)(1)), persons described in section 4958(c)(3)(B), a		i			_
	employers and sponsoring organizations of section 501(c	_				
	employees' beneficiary organizations (see instructions)				6	
7 8	Notes and loans receivable, net				7	
8 8	Inventories for sale or use				8	
( <sub>9</sub>	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment cost or	1 1				
	other basis Complete Part VI of Schedule D	10a		ı		,
b	Less accumulated depreciation	10b			10c	
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			-3,851	13	-4,775
14	Intangible assets				14	1
15	Other assets See Part IV, line 11				15	15,679,549
16	Total assets. Add lines 1 through 15 (must equal line 34)	)		7,522	16	15,799,612
17	Accounts payable and accrued expenses			3,750	17	46,506
18	Grants payable			<u> </u>	18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability Complete Part IV of	Schedule D			21	
21 22	Payables to current and former officers, directors, trustees	s, key				
5	employees, highest compensated employees, and disqua	lified persons			٠.	1
<u> </u>	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated third	parties		<u> </u>	23	
24	Unsecured notes and loans payable to unrelated third par	ties			24	
25	Other liabilities Complete Part X of Schedule D				25	16,886
26	Total liabilities. Add lines 17 through 25			3,750	26	63,392
3	Organizations that follow SFAS 117, check here	and complet	e			
<u> </u>	lines 27 through 29, and lines 33 and 34.					-
27	Unrestricted net assets			3,772	27	15,736,220
í   28	Temporanly restricted net assets				28	
29	Permanently restricted net assets				29	
29	Organizations that do not follow SFAS 117, check her	e ▶ 📗 and		-1	-	
;	complete lines 30 through 34.					
	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or equipment t	fund			31	
31 32	Retained earnings, endowment, accumulated income, or	other funds	[		32	
33	Total net assets or fund balances		Ĺ	3,772	33	15,736,220
34	Total liabilities and net assets/fund balances			7,522	34	15,799,612

Form **990** (2010)

Form	990 (2010) MIDWEST COALITION FOR AFFORDABLE 38-2977384			Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				$\Box$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,80	04,6	<u> 552</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	•	72,2	204
3	Revenue less expenses Subtract line 2 from line 1	3	15,73	32,4	148
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,	772
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,		<u>-</u>		
	column (B))	6	15,73	36,2	220
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_		,
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	X
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
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
	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				
	issued on a separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate 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		<u>x</u>
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	, ggn	(2010)

SCHEDULE 'A (Form 990 or 990-EZ) **Public Charity Status and Public Support** 

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

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

2010 Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MIDWEST (

DWEST COALITION FOR AFFORDABLE

Employer identification number 38–2977384

Par	tΙ	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art)S	ee ins	tructio	ns		
The or	gar	nization is not	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box)					_		
1 [	٦	A church, cor	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A	\)(i).						
2	٦	A school des	cnbed in section 170(b)(1)(A)	)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital service	e organization described in section	on 170(b)	(1)(A)(iiı).							
4	٦	-	•	in conjunction with a hospital des				(A)(iii).	Enter th	ne hospi	tal's name.		
•	_	city, and state	- ·	,									
5	٦	•		a college or university owned or	operated	by a gove	emmenta	al unit de	scnbed	ın			
٠ ر	_	_	b)(1)(A)(iv). (Complete Part I	•	0,000	., . g							
6 [	$\neg$			vernmental unit described in sec	tion 170/I	-1/11/Δ1/v	,						
	X		· · · · · · · · · · · · · · · · · · ·	ubstantial part of its support from				the ce	neral nu	blic			
, [		=	section 170(b)(1)(A)(vi). (Co		a govenn	nontal an	0	i ine ge	iciai pa	.D.IIC			
، ا	$\neg$				,								
9	┥			'0(b)(1)(A)(vi). (Complete Part II				anbin fo					
a [	_	-		more than 33 1/3% of its suppor				-		_			
		· ·	•	ot functions—subject to certain ex	•					เเร			
		• •	<u>*</u>	unrelated business taxable inco			i tax) tr	om busi	nesses				
۲	$\neg$		=	, 1975 See section 509(a)(2). ((									
10	4	•	•	xclusively to test for public safety		•	,,,						
11 [	Ш	_	<u>-</u>	clusively for the benefit of, to per				-					
			, , , , ,	d organizations described in sect	•					tion			
		509(a)(3). Ch	eck the box that describes th	e type of supporting organization	and com	plete lines	11e thr	ough 11	h				
_	_	a Type	I b Type II	c Type III–Functional	lly integra	ted	d	Тур	e III–Otł	ner			
e	╝	By checking t	his box, I certify that the orga	inization is not controlled directly	or indirect	ly by one	or more	disquali	fied pen	sons			
		other than for	undation managers and other	than one or more publicly support	rted orgai	nizations	described	d in sect	ion 509	(a)(1)			
		or section 509	9(a)(2)										
f		If the organization	ation received a written determ	mination from the IRS that it is a	Гуре I, Ту	pe II, or T	ype III s	upporting	9				_
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	n from ar	ny of the							
		following per	sons?										
		(ı) A persor	who directly or indirectly cor	ntrols, either alone or together wit	h persons	describe	d ın (ıı) a	and				Yes	No
		(III) belov	v, the governing body of the s	supported organization?							11g(i)		
		(ii) A family	member of a person describe	ed in (i) above?							11g(i)		
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(lii		
h		Provide the f	ollowing information about the	e supported organization(s)									
(ı) N	ame	of supported	(ii) EIN	(III) Type of organization	(iv) Is the o	rganization	(v) Did y	ou notify	(vi)	ls the	(vii) Am	ount of	
	org	anızatıon	·	(described on lines 1-9		sted in your		nization in	organizati		sup	oort	
				above or IRC section	governing	document?	cor(i)   sup	of your cort?		zed in the S ?			
				(see Instructions))	Yes	No	Yes	No	Yes	No			
(A)													
<b>(~)</b>													
(B)									<del>                                     </del>				
(0)													
<u></u>	_								<del>                                     </del>				
(C)													
(D)								l					
(D)					i								
		<del></del>						<u> </u>	<del> </del>				
(E)													
	-			· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>								
				-	<b> </b> -		1	1	1	1 1			

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

Schedule A (Form 990 or 990-EZ) 2010

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

Sec	tion A. Public Support				<u>-</u>			
Cale	ndar 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")	1,000	1,000	2,000	1,000	15,753,649	15,758,649	
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	1,000	1,000	2,000	1,000	15,753,649	15,758,649	
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)			-	-	··· . <sup>7</sup> .		
6	Public support. Subtract line 5 from line 4			-			15,758,649	
	tion B. Total Support		<u> </u>	l *I			15,756,649	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total	
7	Amounts from line 4	1,000	1,000	2,000	1,000	15,753,649	15,758,649	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			,				
9	Net income from unrelated business activities, whether or not the business is regularly carned 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	1 1, ,	2 /		·		15,758,649	
12	Gross receipts from related activities, etc. (s	•				12	51,003	
13	First five years. If the Form 990 is for the	=	econd, third, fourth	n, or fifth tax year as	s a section 501(c)(3	3)		
<del></del>	organization, check this box and stop here						<u>▶</u> X	
	tion C. Computation of Public Su							
14	Public support percentage for 2010 (line 6,	**	•	(f))		14	<u>%</u>	
15	Public support percentage from 2009 Scheo					15		
16a	33 1/3% support test—2010. If the organiz				/3% or more, check	k this	. □	
_	box and stop here. The organization qualific	, ,			00.4/00/		▶ [_]	
IJ	33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test—2010	•		•	or 16h and line 14		▶ ∐	
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported							
	organization	ns-and-circumstance	s test The Organ	ization qualifies as	a publicly supporte	u	▶ □	
b	10%-facts-and-circumstances test—2009. 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			organization qu		,	▶ □	
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b.	17a, or 17b. check t	this box and see		۔ ۔	
	instructions		,,,	,,			▶ □	

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.)

500	tion A. Public Support	quality under	the tests listed	i below, please	complete Par	L II.)	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(a) 2008	(d) 2009	(a) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual"	(a) 2006	(8) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
2	grants ")  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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)					,	
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 carned 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	n, or fifth tax year a	s a section 501(c)(	3)	
	organization, check this box and stop here			<u> </u>			▶ □
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2010 (line 8,	column (f) divided b	by line 13, column	(f))		15	%
16	Public support percentage from 2009 Schei			<del></del>		16	%_
Sec	tion D. Computation of Investme				<del> </del>		
17	Investment income percentage for 2010 (lir		•	olumn (f))		17	%
18	Investment income percentage from 2009	·				18	<u>%</u>
19a	33 1/3% support tests—2010. If the organ				·		ـ ـ ـ
	17 is not more than 33 1/3%, check this box						▶ ∐
b	33 1/3% support tests—2009. If the organ						<b>▶</b> [
20	line 18 is not more than 33 1/3%, check this <b>Private foundation.</b> If the organization did	•	-		• •	IIIZAUOII	

Page 4

Schedule A (Form 990 or 990-EZ) 2010 MIDWEST COALITION FOR AFFORDABLE 38-2977384

Part JV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions)

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

Open to Public Inspection

	ne of the organization		Employe	er identification number			
	MIDWEST COALITION FOR AFFORDABLE HOUSING			38-2977384			
_		do or Other Similar Francis on A					
<u></u>	art I Organizations Maintaining Donor Advised Fun- organization answered "Yes" to Form 990, Part		counts	s. Complete if the			
		(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 (dunng year)						
4	Aggregate value at end of year	<u> </u>					
5	Did the organization inform all donors and donor advisors in writing that the						
_	funds are the organization's property, subject to the organization's exclusi	<u>▼</u>		∐ Yes ∐ No			
6	Did the organization inform all grantees, donors, and donor advisors in wr	• •					
	only for chantable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		П., П.,			
_	art II Conservation Easements. Complete if the orga	nization answered "Ves" to Form	000 B	Yes No			
_ <u></u>			990, F	art IV, IIIIe /			
'	Purpose(s) of conservation easements held by the organization (check all Preservation of land for public use (e.g., recreation or education)	Preservation of an historically impo	dant land	d area			
	Protection of natural habitat	Preservation of a certified historic s		u aica			
	Preservation of open space	i reservation of a certified historic s	in acture				
2	Complete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the form of a conservation	nn.				
-	easement on the last day of the tax year	nion continuation in the form of a conservation	,,,				
	, ,			Held at the End of the Tax Year			
a	Total number of conservation easements		2a				
Ŀ			2b				
		2c					
	Number of conservation easements included in (c) acquired after 8/17/06,						
	histonic structure listed in the National Register	, ====	2d				
3	Number of conservation easements modified, transferred, released, exting	guished, or terminated by the organization of	dunng the	e			
	tax year ▶	•	•				
4	Number of states where property subject to conservation easement is loc	ated >					
5	Does the organization have a written policy regarding the periodic monito						
	violations, and enforcement of the conservation easements it holds?	-		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		<del>-</del> -			
	<b>•</b>						
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	nservation easements during the year					
	<b>▶</b> \$						
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(B)					
	(i) and section 170(h)(4)(B)(ii)?			∐ Yes ∐ No			
9	In Part XIV, describe how the organization reports conservation easemen	ts in its revenue and expense statement, ar	nd				
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that describ	bes the				
_	organization's accounting for conservation easements		••				
P	art III Organizations Maintaining Collections of Art, III Complete if the organization answered "Yes" to		mılar A	Assets.			
10	If the organization elected, as permitted under SFAS 116 (ASC 958), not		ca sheet				
16	works of art, historical treasures, or other similar assets held for public ex			•			
	public service, provide, in Part XIV, the text of the footnote to its financial						
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to re		sheet				
~	works of art, historical treasures, or other similar assets held for public ex						
	public service, provide the following amounts relating to these items	and the state of t	<del></del>				
	(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 ot	her similar assets for financial dain provide	the	•			
_	following amounts required to be reported under SFAS 116 (ASC 958) rel						
а	Revenues included in Form 990, Part VIII, line 1	and to more home	•	· \$			
	Assets included in Form 990, Part X		`	• \$			

Sche	dule D (Form 990) 2010 MIDWEST CO					38-297				age <b>2</b>
_Pa	art,III   Organizations Maintaining C	Collections of	of Art,	Historical Treas	sures, c	r Other Si	imilar Asse	ets (contin	ued)	
3										
а	Public exhibition	αГ	Loan	or exchange prograr	ns					
b	Scholarly research	e l	Other							
c	Preservation for future generations	٠ ـ								
4	Provide a description of the organization's collect	tions and explai	n how th	ev further the organi	zation's e	remnt numose	n Part			
-	XIV	world die Oxpidi		oy torator allo organi	2000110	Nompt purpoot	J T G.T.			
5	During the year, did the organization solicit or re					ular			<b>-</b>	,
	assets to be sold to raise funds rather than to be								es	No
Pa	Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV,									
	line 9, or reported an amount	t on Form 99	90, Par	t X, line 21						
1a	Is the organization an agent, trustee, custodian	or other interme	diary for	contributions or othe	r assets n	ot		_	_	_
	included on Form 990, Part X?							`	∕es _	No
b	If "Yes," explain the arrangement in Part XIV and	d complete the f	ollowing	table						
								Amou	nt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Form	990, Part X, line	e 21?				-	$\Box$	es	No
b	If "Yes," explain the arrangement in Part XIV									<b>.</b>
Pa	art V Endowment Funds. Complet	te if organiza	ation ar	nswered "Yes" to	o Form	990, Part	IV, line 10			
		(a) Current y	ear	(b) Pnor year	(c) Tv	vo years back	(d) Three year	rs back (e) Fo	ur years	back
1a	Beginning of year balance						T			
b	Contributions									
С	Net investment earnings, gains, and				1			`	•	
	losses				İ		1			
d	Grants or scholarships									
e	Other expenditures for facilities and				1					
Ū	programs		- 1		1			. ]		
f	Administrative expenses		<del></del>		<del> </del>	·	+			
g	End of year balance			<del></del>			<del> </del>			
2	Provide the estimated percentage of the year en	d balance bald			_1		<u> </u>			
a	Board designated or quasi-endowment	%	as							
b	Permanent endowment > %	70								
	Term endowment ▶ %									
20			-4 41			- 41				
Ja	Are there endowment funds not in the possessio	on of the organiz	ation tha	t are nelo and admir	iisterea io	rtne			<u></u>	г <del> </del>
	organization by							[a (	Yes	NO
	(i) unrelated organizations							3a(ı)	_	<u> </u>
	(ii) related organizations							3a(ıi	4	
_	If "Yes" to 3a(ii), are the related organizations lis							<u>3b</u>		
	Describe in Part XIV the intended uses of the or									
Pa	rt VI Land, Buildings, and Equipr			1						
	Description of investment	(a) Cost or oth		(b) Cost or othe	r basis	(c) Accui		( <b>d</b> ) Boo	k value	
		(investme	s11()	(other)		depred	aduon			
	Land			-						
b	Buildings			1						
C	Leasehold improvements									
d	Equipment									
	Other									
Total.	. Add lines 1a through 1e (Column (d) must equa	al Form 990, Par	t X, colu	mn (B), line 10(c))			▶			

Schedule D (Form 990) 2010 MIDWEST COALLITION FOR	AFFUKDABLE	30~29//384	Page 3
Part.VII Investments—Other Securities. See Form 990			
(a) Description of security or category	(b) Book value	(c) Method of	
(including name of security)		Cost or end-of-yea	r market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			<del></del>
(A)			
(B)			<del></del>
(C)	-		<del></del>
(D)	-		
(E)		<u> </u>	
(F)			
(G)			
(H)	-		
(I)  Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII   Investments—Program Related. See Form 99	.l ∩ Part X line 13	<u>L</u>	<del></del>
(a) Description of investment type	(b) Book value	(c) Method of	valuation
(4)	(-,	Cost or end-of-year	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15			
(a) Description			(b) Book value
(1) Mortgage Note Receivabl	<u>e</u>		15,679,549
(2)			
(3)			
(4)			
(5)			<del></del>
(6)			
(7)			
(8)			
(9)	<del> </del>		
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	····	•	15,679,549
Part X Other Liabilities. See Form 990, Part X, line 25	 5		13,013,343
1. (a) Description of liability	(b) Amount	_	
(1) Federal income taxes	(=, ===================================	, ,	-
(2) Notes Payable	16,886	•	•
(3)	1	- !	
(4)			-
(5)		1	-
(6)		,	
(7)			2 1
(8)		]	1
(9)		• •	_
(10)			
(11)	-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	16,886	<u> </u>	
7. FINI 48 (ASC 740) Ecotopte In Doct VIV provide the text of the features to	the ergenization's financial of	totomonte that reports the	

Sche	dule D (Form 990) 2010 MIDWEST COALITION FOR AFFO	RDABLE	38-2977384		Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 9	90 to Audited	Financial Statement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		_1	1	15,804,652
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	2	72,204
3	Excess or (deficit) for the year Subtract line 2 from line 1		_3	3	15,732,448
4	Net unrealized gains (losses) on investments		4	4	
5	Donated services and use of facilities		_ 5	5	
6	Investment expenses		_6	6	
7	Prior period adjustments		7	7	
8	Other (Describe in Part XIV)		_ 8	8	
9	Total adjustments (net) Add lines 4 through 8		9	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and 9	10	0	15,732,448
<u>Pa</u>	rt XII 👃 Reconciliation of Revenue per Audited Financial Sta	tements With	Revenue per Return	<u>1</u>	
1	Total revenue, gains, and other support per audited financial statements		_1	1	15,804,652
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
C	Recovenes of prior year grants	2c		- 1	
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d		2	2e	
3	Subtract line 2e from line 1		3	3	15,804,652
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			
С	Add lines 4a and 4b		4	łc	
_ 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	15,804,652
<u>Pa</u>	rt XIII Reconciliation of Expenses per Audited Financial St	atements Wit	h Expenses per Retu	urn	
1	Total expenses and losses per audited financial statements		<u>. 1</u>	1	72,204
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c		.	
d	Other (Describe in Part XIV)	2d		-	
e	Add lines 2a through 2d		2	2e	
3	Subtract line 2e from line 1		3	3	72,204
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			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b		4	lc	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	5	72,204
Pa	rt 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, line 2, 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

Part XIV - Supplemental Financial Information

### FIN 48 Disclosure

In December 2008, the Financial Accounting Standards Board issued FASB Staff Position (FSP) FIN 48-3, "Effective Date of FASB Interpretation No. 48 for Certain Nonpublic Enterprises." (FSP) FIN 48-3 permits an entity

Schedule D (Form 990) 2010

within its scope to defer the effective date of FASB Interpretation 48, Accounting for Uncertainty in Income Taxes (FASB Accounting Standards Codification (ASC) 740, Income Taxes), to its annual financial statements for fiscal years beginning after December 15, 2008. The Company evaluates its uncertain tax positions using the provisions of ASC 450, "Contingencies." Accordingly, a loss contingency is recognized when it is probable that a liability has been incurred as of the date of the financial statements and the amount of the loss can be reasonably estimated. The amount recognized is subject to estimate and management judgment with respect to the likely outcome of each uncertain tax position. The amount that is ultimately sustained for an individual uncertain tax position or for all uncertain tax positions in the aggregate could differ from the amount recognized.

The Unrecognized Tax Benefits are:

"The amount of unrecognized tax benefits that, if recognized would affect the effective tax rate:

Contributions and Grants	\$15,753,649
Program Service Revenue	1,000
Investment Income	( 684)
Other Revenue - Exempt Function Interest	50,687

Total \$15,804,652

# 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.

OMB No 1545-0047

2010

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MIDWEST COALITION FOR AFFORDABLE

Employer identification number HOUSING 38-2977384

Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed Form 990, Part VIII, line 1g noncash contribution amounts Art-Works of art 2 Art—Historical treasures 3 Art-Fractional interests Books and publications Clothing and household goods 6 Cars and other vehicles Boats and planes 8 Intellectual property 9 Securities-Publicly traded 10 Secunties-Closely held stock Securities-Partnership, LLC. or trust interests X 15,679,549 12 Secunties-Miscellaneous 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 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ ( 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? X 30a 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? X 31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a contributions? X 32a 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

Schedule M (Form 990) (2010) MIDWEST COALITION FOR AFFORDABLE

38-2977384

Page 2

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.

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

## Supplemental Information to Form 990 or 990-EZ

2010

Department of the Treasury Internal Revenue Service

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.

Open to Public -

Name of the organization

MIDWEST COALITION FOR AFFORDABLE

Employer identification number

HOUSING

38-2977384

Amended Return Explanation

Entity filed a Form 990-N. It was later determined that a note receivable was not valued correctly. The proper treatment of the note is as exempt function income necessitating filing of a Form 990.

Form 990 - Organization's Mission or Most Significant Activities

MCFAH aims to improve the quality of life of primarily low and moderate

income individuals and families by providing them with residences in safe,

decent and affordable housing communities.

We carry out our Mission in the following ways:

By providing financial assistance for the rehabilitation and operation of affordable housing communities.

By assisting in the operation of affordable housing communities through participation in the ownership of companies that acquire, develop, rehabilitate and/or operate such communities.

By assisting owners of affordable housing communities in obtaining governmental and foundation grants and awards to fund the rehabilitation, improvement, financing and operation of those communities.

By assisting in the funding of educational and community development programs for residents of affordable housing communities.

Page 2

Name of the organization

MIDWEST COALITION FOR AFFORDABLE

Employer identification number 38-2977384

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The organization is in the process of writing a procedure for review of the Form 990.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Upon request, governing documents, conflict of interest policy will be available.