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Return of Organization Exempt From Income Tax

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

OMB No 1545 0047 2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	2010 calen	dar year, or tax year beginning 7/01 , 2010, and ending			2011
B	Check if an		tan year, or tax year beginning 77 01 , 2010, and ending		ver Identif	ication Number
_		ess change	Community Housing Improvement Program		22233	
		-	1001 Willow Street	E Teleph		
	\vdash	change	Chico, CA 95928	· · · · · ·		
	\vdash	return		330	-891 -	.0331
	Termi	ınated				
	Amen	ided return		G Gross		
	Applic	cation pending		(a) Is this a group retuil(b) Are all affiliates inc		# # # # # # # # # # # # # # # # # # #
			Same As C Above	If 'No,' attach a list		ructions) Yes No
<u> </u>		mpt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527			
<u>J</u>	Websi	ite: ► N/		(c) Group exemption n		
<u>K</u>		organization	X Corporation Trust Association Other ► L Year of Formation	n 1973 Ma	State of le	gal domicile CA
Pa	ırt I	Summa		_		
	1 Br	riefly descri	be the organization's mission or most significant activities _To_provid	<u>e_affordabl</u>	<u>.e_ ho</u> i	using
9						
Activities & Governance	 					
/er					,	
6	1	heck this bo		e than 25% of its		
ø			oting members of the governing body (Part VI, line 1a)		3 4	10 10
es			dependent voting members of the governing body (Part VI, line 1b) r of individuals employed in calendar year 2010 (Part V, line 2a)		5	55
Ĭ			r of volunteers (estimate if necessary)		6	
Act			ed business revenue from Part VIII, column (C), line 12		7a	0.
			d business taxable income from Form 990-T, line 34		7b	0.
				Prior Year		Current Year
	8 C	ontributions	s and grants (Part VIII, line 1h)	30,		30,000.
E E			vice revenue (Part VIII, line 2g)	4,375,		6,884,579.
Revenue		_	ncome (Part VIII, column (A), lines 3, 4, and 7d)		737.	18,801.
æ			ie (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 To	otal revenue	e - add lines 8 through 11 (must equal Part VIII column (A), line 12)	4,457,	271.	6,933,380.
			imilar amounts paid (Part IX, column (A), lines 1-3)			
			to or for members (Part IX, column (A) Inne 4)			
	15 Sa	alaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)	1,886,	735.	1,453,294.
. e	li .		fundraising fees (Part IX, column (A), line 11e)	_,,		
				-		
≥ 2	D R	otal Tundran	sing expenses (Part IX, column-(Đ), line 25) FN, UT	1.500		5 404 005
	1		ses (Part IX, column (A), lines 11a-11d, 11f-24f).	4,538,		5,484,285.
	1		ses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,425,		6,937,579.
بِرْ	19 R	evenue less	s expenses Subtract line 18 from line 12	-1,968,	<u>367.</u>	-4,199.
ڇُوڻ <u>ٿ</u>				Beginning of Curre		End of Year
	1		(Part X, line 16)	32,131,		22,102,204.
₹ 2 8 3			es (Part X, line 26)	24,465,		14,439,695.
24			r fund balances Subtract line 21 from line 20	7,666,	<u>/08.</u>	7,662,509.
\bullet	art II		re Block			
=eor	der penaltie nplete Decl	s of perjury, I d	declare that I have examined this return, including accompanying schedules and statements, and to the parer (other than officer) is pased on all information of which preparer has any knowledge	ne best of my knowledg	je and beli	ief, it is true, correct, and
د:=	•	<u> </u>	A DMIN			···
۵.		- Tradition	we of officer	Date		
Sig He	gn					
п	re		r print name and title	President		
			Doto .		7. 1	PTIN
_				/// I '	<u>-</u> "	PO1219354
Pa		/01	The formation of the fo	self-emplo	yed	, 0,20, 100 /
	eparer	. 1				
US	e Only	Firm's addr		Firm's EIN		
_	_		El Dorado Hills, CA 95762	Phone no	(916	
			his return with the preparer shown above? (see instructions)			X Yes No
BA	A For P	aperwork F	Reduction Act Notice, see the separate instructions. TEEA	A0113L 12/21/10		Form 990 (2010)

	n 990 (2010) Community Housing Improvement Program	94-2223398	Page 2
<u>Pa</u>	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	_	
1	Briefly describe the organization's mission		
	To provide affordable housing		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	Did the exceptation undertake any secretarian accurate contract the year which were not lested as	the prior	
2	Did the organization undertake any significant program services during the year which were not listed or		X No
	Form 990 or 990-EZ?	Yes	X No
_	If 'Yes,' describe these new services on Schedule O.		<b>⊡</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	vices? Yes	X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program service and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an expenses, and revenue, if any, for each program service reported	s by expenses. Section d allocations to others,	501(c)(3) the total
	expenses, and revenue, if any, for each program service reported		
4 8	· · · · · · · · · · · · · · · · · · ·	evenue \$	)
	To provide technical assistance to families assisting in the cons		mes
	(rural self-help program), and to build homes for sale to low inc	<u>come families.</u>	
4		evenue \$	)
	To own, manage and develop low-income rental properties for farm-	<u>-workers and </u>	
	low-income families.		
4	c (Code) (Expenses \$ 302,939. including grants of \$) (F		)
	Provide services to low-income familes and credit counseling to :	individuals.	
4	d Other program services. (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
	e Total program service expenses ► 6,526,278.	<del></del>	

Community Housing Improvement Program 94-2223398 Page 3 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,' complete Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) 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 4 Х 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 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, 6 Х 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х 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 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? I X 'Yes,' complete Schedule D, Part V 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI 11 a **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 167 If 'Yes,' complete Schedule D, Part VII 11 b Х 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 167 If 'Yes,' complete Schedule D. Part VIII 11 c 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 reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Х 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11 e 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 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete X Schedule D, Parts XI, XII, and XIII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and 12b Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional Х 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? 14a Х **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 Х

	Table to the program of the delitition of the control of the contr	
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
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16
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
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
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
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20
	<b>b</b> If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20

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∣Part IV Checklist of Required Schedules (continued) Yes No 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 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 27 If 'Yes,' complete Schedule I, Parts I and III 22 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 Х Schedule J 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, and 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 Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I Х 25 a 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 Х Schedule L, Part I 25b 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 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 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) Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28b Х c 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 280 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M* 30 30 Х Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I 31 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 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, 34 Х line 1 Х 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 a 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 X Yes

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Form 990 (2010)

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Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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

treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

organization? If 'Yes,' complete Schedule R, Part V, line 2

Community Housing Improvement Program Form **990** (2010) 94-2223398 Page 5 Part V | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 51 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 a **b** Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c X (gambling) winnings to prize winners? 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 55 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b 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 X								
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b								
<ul> <li>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)?</li> <li>b If 'Yes,' enter the name of the foreign country</li> </ul>									
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	<u></u>								
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b X								
c If 'Yes,' to 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?	zation 6a X								
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gif not tax deductible?	ts were 6b								
7 Organizations that may receive deductible contributions under section 170(c).									
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods ar services provided to the payor?	7a X								
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b								
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was require Form 8282?	ed to file 7c X								
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d									
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
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								
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	a 7h								
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess busin holdings at any time during the year?	Did the ness								
9 Sponsoring organizations maintaining donor advised funds.	-								
a Did the organization make any taxable distributions under section 4966?	9a								
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9b								
10 Section 501(c)(7) organizations. Enter									
a Initiation fees and capital contributions included on Part VIII, line 12									
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]									
11 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders									
<b>b</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								
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year [12b]									
13 Section 501(c)(29) qualified nonprofit health insurance issuers.									
a Is the organization licensed to issue qualified health plans in more than one state?	13a								
Note. See the instructions for additional information the organization must report on Schedule O									
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans									
c Enter the amount of reserves on hand									
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a X								
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b								
BAA TEEA0105L 11/30/10	Form <b>990</b> (2010								

Form 990 (2010) Community Housing Improvement Program Page 6 Part VI 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 10 1a Enter the number of voting members of the governing body at the end of the tax year 1 a 1 b 10 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? 6 X 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X See Schedule O 7 a governing body? 7 b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Х 86 **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10 a Х 10a Does the organization have local chapters, branches, or affiliates? b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? X 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 a 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 12a Х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O 12 c 13 Х 13 Does the organization have a written whistleblower policy? X 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? X a The organization's CEO, Executive Director, or top management official 15 a X See Schedule O 15_b **b** Other officers of key employees of the organization 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 with a 16a Х taxable entity during the year? b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16_b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA 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. X Another's website Own website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Valerie Sutton 1001 Willow St. Chico CA 95928 530-891-6931

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0	rm <b>990</b> (2010)	Community	Housing	Improvement	Program

94-2223398

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# 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

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

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 organiza- tions in Schedule O)	ndividual trustee or director	institutional trustee	_	Key employee	Highest compensated a employee	Former	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) Joseph Feist	2	Х						0.	0.	0.
(2) Fong Lo	2	Х					-	0.	0.	0.
(3) Jan Camozzi Secretary	2	Х		Х				0.	0.	0.
(4) Verdine Mertens	2	х						0.	0.	0.
(5) Edward Mayer	2	Х					<del></del>	0.	0.	0.
(6) Joy Murphy	2	Х						0.	0.	0.
(7) Irving Schiffman Treasurer	2	Х		Х				0.	0.	0.
(8) Howard Wolff President	2	Х		х				0.	0.	0.
(9) Lori Hoffman Vice President	2	Х		Х				0.	0.	0.
(10) Mark Hooper	2	Х						0.	0.	0.
(11) David Ferrier Executive Direc	40				х			99,293.	0.	0.
(12) Valerie Sutton Assistant Direc	40				х			70,975.	0.	0.
	1									
(14)										
(15)										
(16)										
(17)										
BAA	-		TEEA	0107	. 12	/21/10	_			Form <b>990</b> (2010)

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual	4		Х
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
	<u> </u>	
2. Total number of independent contractors (including but not limited to those listed	above) who recoved more than	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

<u> </u>	t viii   Statement of Revenue	(A)	(B)	(C)	(D)
i I		Total revenue	Related or exempt function	Unrelated business revenue	Revenue excluded from tax under sections
	1. Fodersted community		revenue		512, 513, or 514
STS	1 a Federated campaigns 1 a b Membership dues 1 b				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	· · · · · · · · · · · · · · · · · · ·				
	* —				
병칠	<u> </u>				
SS	e Government grants (contributions) 1 e		1		
STHER	f All other contributions, gifts, grants, and similar amounts not included above 1f 30,000.				1
ES	g Noncash contributions included in Ins 1a-1f \$				
	h Total. Add lines 1a-1f	30,000.			
PROGRAM SERVICE REVENUE	Business Code			. = .	
Ę	2a Forgiveness of Debt	5,056,910.	5,056,910.		
<u>~</u>	b Contract Services	995,865.	995,865.		
≥	c Management Fees	493,006.	493,006.		
SE	d Low Income Rent	490,641.	490,641.		
AM	e Fee Revenue	31,650.	31,650.		
ä	f All other program service revenue	-183,493.	-183,493.		
<u>«</u>	g Total. Add lines 2a-2f ▶	6,884,579.		<u></u>	
	3 Investment income (including dividends, interest and				
	other similar amounts)	18,801.	18,801.		
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties				
	(i) Real (ii) Personal				,
	6a Gross Rents				
	<b>b</b> Less: rental expenses				,
	c Rental income or (loss)				'
	d Net rental income or (loss).		<u> </u>	<del> </del>	
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				;
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				ļ. ,
	d Net gain or (loss)				
4UE	8a Gross income from fundraising events (not including \$				
OTHER REVEN	of contributions reported on line 1c)				
ж Е	See Part IV, line 18	'			
뿚	<b>b</b> Less direct expenses <b>b</b>	_			1
0	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19	_			į
	<b>b</b> Less direct expenses <b>b</b>		,		
	c Net income or (loss) from gaming activities			-	1
	10a Gross sales of inventory, less returns	<u> </u>		<u> </u>	
	and allowances a				] .
	b Less: cost of goods sold b			-	
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code		<del></del>		-
					1
	11a	·	-		<del> </del>
	b		<del>                                     </del>		
	d All other revenue.				<del> </del>
					<del> </del>
	C Total. Add into Tra-Tra	6 932 300	6,903,380.	0.	0.
	12 Total revenue. See instructions	0,333,38U.	0,3U3,3BU.	υ.	Ι υ.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations must comp				(D)
Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	Fundraising 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	<u> </u>			
5	Compensation of current officers, directors, trustees, and key employees	170,268.	170,268.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	935,648.	715,487.	220,161.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	254,861.	201,068.	53,793.	
10	Payroll taxes	92,517.	76,968.	15,549.	
11	Fees for services (non-employees)				
á	Management		<u></u>		
t	Legal	2,060.	1,647.	413.	
(	: Accounting				
(	<b>i</b> Lobbying				
•	Professional fundraising services See Part IV, line 17				
	Investment management fees  Other				
12	Advertising and promotion	21,996.	21,018.	978.	
13	Office expenses	20,878.	11,676.	9,202.	
14	Information technology				
15	Royalties				
16	Occupancy	189,561.	145,562.	43,999.	
17	Travel	42,629.	33,302.	9,327.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,275.	805.	1,470.	
20	Interest	27,200.	27,200.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	115,511.	107,272.	8,239.	
23	Insurance	14,437.	3,818.	10,619.	
24	Other expenses. Itemize expenses not covered 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.)				1
	Impairment	4,478,804.	4,478,804.		<del></del>
	Rental Operations	286,216.	286,216.		
	: Capitalized Expense	107,193.	107,193.		
	Contract Services	39,965.	39,965.		
	Telephone	29,173.	22,552.	6,621.	
	All other expenses	106,387.	75,457.	30,930.	
	Total functional expenses Add lines 1 through 24f	6,937,579.	6,526,278.	411,301.	<u>0</u> .
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				
BAA				<del></del>	Form <b>990</b> (2010)

Part X **Balance Sheet** (**B**) End of year (A) Beginning of year 2.037,127 1 1.511.275. Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 118,867 3 243,093. 4 657,342 4 1,106,003. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 3,249,273 3,342,142 7 Notes and loans receivable, net Inventories for sale or use 8 25,367 9 44,860. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule  $\ensuremath{\mathsf{D}}$ 10 a 5,877,874 10b 2,487,890 3,513,254 10 c 3,389,984. **b** Less accumulated depreciation 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 14 Intangible assets 1,787 14 1,528. 22,528,812. 15 Other assets See Part IV, line 11 15 12,463,319. 16 32,131,829 22,102,204. Total assets Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 970.444. 17 634,680. 18 18 Grants payable 20,745. 19 Deferred revenue 12,951 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23,445,954 23 13,747,719. Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 36,551. Other liabilities Complete Part X of Schedule D 35,772 25 26 Total liabilities. Add lines 17 through 25 24,465,121 26 14,439,695. X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 3,299,260 3,295,061. 27 Unrestricted net assets 27 537,254 537,254. Temporarily restricted net assets 28 Permanently restricted net assets 3,830,194 29 830,194. R Organizations that do not follow SFAS 117, check here and complete UZD lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 7,666,708 33 7,662,509. 22,102,204. Total liabilities and net assets/fund balances 32,131,829 34

BAA

Form 990 (2010)

Form <b>990</b> (2010) Community Housing Improvement Program	94-	2223398		<u>Pa</u>	ge 12				
Part 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)			6,93 6,93						
2 Total expenses (must equal Part IX, column (A), line 25)									
3 Revenue less expenses Subtract line 2 from line 1		3		-4,1					
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, col	umn (A))	4	7,6	56 <u>, 7</u>					
5 Other changes in net assets or fund balances (explain in Schedule O).		5			<u>0.</u>				
6 Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equ column (B))	al Part X, line 33,	6	7,6	52,5	09.				
Part XII Financial Statements and Reporting									
Check if Schedule O contains a response to any question in this Part XII					$\Box$				
	_	-		Yes	No				
1 Accounting method used to prepare the Form 990:	Other				ļ				
If the organization changed its method of accounting from a prior year or checke in Schedule $\ensuremath{O}$	d 'Other,' explain								
2a Were the organization's financial statements compiled or reviewed by an indepen	ndent accountant?	L	2a	i	<u>X</u>				
<b>b</b> Were the organization's financial statements audited by an independent accounta	ant?		2b	Х					
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes review, or compilation of its financial statements and selection of an independent		the audit,	2 c	Х	L				
If the organization changed either its oversight process or selection process during a Schedule $\boldsymbol{O}$	ng the tax year, explain				i 				
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial state separate basis, consolidated basis, or both:	ements for the year were issue	ued on a		1	i 				
Separate basis X Consolidated basis Both consolidated and	separate basis				ز ز				
3a As a result of a federal award, was the organization required to undergo an audi Audit Act and OMB Circular A-133?	t or audits as set forth in the	Single	3a	х					
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization or audits, explain why in Schedule O and describe any steps taken to undergo s		quired audit	3 b	х					
DAA			F ~ ~	000 /	(0010)				

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

Department of the Treasury Internal Revenue Service

Total

**Public Charity Status and Public Support** 

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

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

2010

Open to Public Inspection

Name o	of the	organi	zation		·					Employer	ıdentificatı	on number		
				Improvement Pr							23398			
Parl	1	Rea	son for Pub	ic Charity Status	(All organizations	must c	omple	te this	part.)	See ir	<u>nstructi</u>	ons.		
The c	rgar	nızatı	on is not a priva	ite foundation becaus	e it is (For lines 1 throi	ugh 11,	check o	nly one	box )					
1	The state of a state o													
2	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).													
3														
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's												<b>,</b>	
	name, city, and state  5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section													
5		170(l	<b>οχ(1)(Α)(iv).</b> (Co	mplete Part II)	•			•	-	nmental	unit des	scribed in s	sectio	n
6					overnmental unit descri									
7	님	ın se	ction 170(b)(1)(	<b>A)(vi).</b> (Complete Pai		•	J	vernme	ntal unit	or from	i the gen	ieral public	c desci	ribed
8	$\overline{}$		=		<b>70(b)(1)(A)(vi).</b> (Complet									
9		from inves	activities relate stment income a	d to its exempt function	) more than 33-1/3% of ons — subject to certain s taxable income (less mplete Part III)	i except	ions, an	d (2) no	more t	han 33-1	1/3% of i	its support	from	aross
10					exclusively to test for pu	blic safe	ety. See	section	509(a)	(4).				
11		An o	rganization orga publicly suppor	inized and operated ented organizations des	exclusively for the benef scribed in section 509(a tion and complete lines	it of, to )(1) or s	perform	the fun 609(a)(2)	ctions o ). See <b>s</b>	of, or car section 5	rry out th 5 <b>09(a)(3)</b> .	ne purpose . Check th	s of o	ne or that
		a C	Type I	<b>b</b> Type II	c Type III						dП	Type III -		
е		By cl	neckina this box	. I certify that the org	anization is not controll r than one or more pub	ed direc	tly or in	directly	by one	or more escribed	dısqualı	fied perso	ns	•
f		If the		eceived a written dete	rmination from the IRS	that is a	a Type I	, Type II	or Type	e III sup	porting o	organizatio	n,	
g				N6 has the organizati	on accepted any gift of	r contrib	ution fr	om anv	of the fo	allowing	nersons	7		_
9		01110	5 / lagust 17, 20	oo, nas the organizati	on accepted any gate of		ation in	Jill ally	0, 1,10 1,	5.1.0 TT 11.19	p0.00.10	•	Yes	No
		(i)	A person who	directly or indirectly c	ontrols, either alone or	togethei	with pe	ersons d	escribe	d in (ii)	and (III)		1	
			below, the gov	erning body of the su	pported organization?	_						11 g (i)	ļ	ļ
		(ii)	-	er of a person descri	**							11 g (ii)	1	
				- '	described in (i) or (ii) a							11 g (iii)	<u> </u>	L
h		Prov	ide the following	information about th	ne supported organization	n(s)		1		1	<del></del>			
		(i) Nai	me of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	column ( your go	Is the zation in i) listed in overning ment?	the organ	ou notify nization in n (i) of upport?	organiz	s the ation in nn (i) ed in the S ?	(vii) Amou	nt of sup	port
						Yes	No	Yes	No	Yes	No			
<u>(A)</u>				<u></u>										
									İ					
(B)					<u> </u>	<u> </u>				<b></b>				
(C)														
								<u> </u>	1					
<u>(D)</u>				1		ļ	-	-	-	<del> </del>			_	
(E)										<u> </u>				

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

Schedule A (Form 990 or 990-EZ) 2010

# Schedule A (Form 990 or 990 EZ) 2010 Community Housing Improvement Program 94-2223398 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		• /			
Sec	tion A. Public Support							
	endar year (or fiscal year inning in) ►	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2010		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants')							
_	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
	endar year (or fiscal year inning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	)	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related active	rities, etc (see ins	structions)			Ĺ	12	
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 50	)1(c)(3	3) ▶ □
	ction C. Computation of Pu					<del></del>		
	Public support percentage for 20	• ,	**	ne 11, column (f)	)	-	14	<u> </u>
15	Public support percentage from	2009 Schedule A	, Part II, line 14			L	15	<u> </u>
16	a 33-1/3% support test — 2010. If and stop here. The organization				nd the line 14 is 3	3-1/3% or m	ore, cl	heck this box
	b 33-1/3% support test — 2009. If and stop here. The organization	qualifies as a pu	blicly supported o	organization				• 📗
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s test, check this	s box and stop he	re. Explain ir	Part	IV how
	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts- d-circumstances'	and-circumstance test The organi	es' test, check this zation qualifies as	s box and <b>stop he</b> s a publicly suppo	<b>re.</b> Explain ir rted organiza	n Part ition	IV how the ►
	Private foundation. If the organi	zation did not ch	eck a box on line	13, 16a, 16b, 17a				
RΛ	•				6,	madula A /E/	rm UC	10 or 990-F7\ 2010

## 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.)

Sec	tion A. Public Support			·· <i>,</i>			<del></del>
Calen	dar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions and membership fees	· • • • • • • • • • • • • • • • • • • •				<b>1.</b> 1.	
	received (Do not include any 'unusual grants')	28,985.	25,000.	30,000.	30,000.	30,000.	143,985.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's	2 000 400					
3	tax-exempt purpose Gross receipts from activities	3,882,480.	4,320,683.	3,255,842.	4,375,534.	6,884,579.	22,719,118.
	that are not an unrelated trade or business under section 513						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6	Total. Add lines 1 through 5	3,911,465.	4,345,683.	3,285,842.	4,405,534.	6,914,579.	22,863,103.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
		0.	0,	0.	U.	0.	<u> </u>
	Public support (Subtract line 7c from line 6) tion B. Total Support	·		٠.			22,863,103.
	dar year (or fiscal yr beginning in)	(a) 2006	<b>(b)</b> 2007	(a) 2008	(4) 2000	(-) 2010	(A) Total
	Amounts from line 6	3,911,465.	<b>(b)</b> 2007 4,345,683.	(c) 2008 3, 285, 842.	(d) 2009 4, 405, 534.	<b>(e)</b> 2010 6, 914, 579.	(f) Total 22,863,103.
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	86,758.	118,493.	63,466.	51,737.	18,801.	339,255.
c	Add lines 10a and 10b	86,758.	118,493.	63,466.	51,737.	18,801.	339,255.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).						0.
13	Total support. (Add Ins 9, 10c, 11, and 12)	3,998,223.	4,464,176.	3,349,308.	4,457,271.	6,933,380.	23,202,358.
	First five years. If the Form 990 organization, check this box and			<u> </u>			(3)
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20			ne 13, column (f))		15	98.5 %
	Public support percentage from 2					16	98.3 %
	tion D. Computation of Inv						
	Investment income percentage for			-	ımn (f))	17	1.5 %
	Investment income percentage fi					18	1.7 %
	<b>33-1/3% support tests</b> — <b>2010.</b> If is not more than 33-1/3%, check	this box and <b>sto</b>	<b>p here.</b> The orgar	nization qualifies a	and line 15 is mor as a publicly supp	e than 33-1/3%, orted organizatio	n ► X
	22 4 (20)						
b	33-1/3% support tests — 2009. If line 18 is not more than 33-1/3%	the organization, check this box a	did not check a b and <b>stop here.</b> Th	oox on line 14 or l ne organization qu	ine 19a, and line ialifies as a public	16 is more than a ly supported orga	33-1/3%, and anization ►

Scriedule A	(Form 990 of 990-E2) 2010 Community Housing improvement Flogram 94-2223398 Page 4
Pant IV	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).
	~
<b>-</b>	

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

### **Political Campaign and Lobbying Activities**

OMB No 1545 0047

2010

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.

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

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 Complete Parts I-A and B. Do not complete Part I-C

Section 527 organizations: Complete Part I-A only

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• 5	Section 501(c)(3) organizations	s that have filed Form 5768 (election under	section 501(h)) Con	nplete Part II-A Do not	complete Part II-B
	Section 501(c)(3) organizations Part II-A	s that have NOT filed Form 5768 (election	under section 501(h))	: Complete Part II-B D	o not complete
If the	e organization answered 'Yes,	' to Form 990, Part IV, line 5 (Proxy Tax) o	r Form 990-EZ, Part \	V, line 35a (Proxy Tax),	then
• 9	Section 501(c)(4), (5), or (6) or	rganizations Complete Part III.	<u> </u>		
Name	of organization			Employer identifica	
Cor	nmunity Housing Imp	rovement Program		94-222339	
Pai	rt I-A Complete if the or	rganization is exempt under section	on 501(c) or is a s	section 527 organiz	zation.
		organization's direct and indirect political c			
2	Political expenditures			<b>►</b> \$	
	Volunteer hours			•	
Pa	rt I-B Complete if the or	rganization is exempt under section	on 501(c)(3).		
1		ise tax incurred by the organization under		<b>▶</b> \$	0.
2		ise tax incurred by organization managers		<b>▶</b> \$	0.
		section 4955 tax, did it file Form 4720 for		•	Yes No
	a Was a correction made?				Yes No
	b If 'Yes,' describe in Part IV				
		rganization is exempt under section	on 501(c) . except	t section 501(c)(3).	
		pended by the filing organization for section			
2	· ·	g organization's funds contributed to other	•		
_	function activities	g • · · g = · · · · · · · · · · · · · · · ·		▶\$	
3	Total exempt function expen line 17b	ditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	<b>►</b> \$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	arganization made nauments	and employer identification number (EIN) s. For each organization listed, enter the air ons received that were promptly and direct if action committee (PAC). If additional spa	mount naid from the 1	filing organization's film	ds Also enter the
	(a) Name	<b>(b)</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)					
(2)					
(3)					
(4)					
(5)					
(6)		L			

Schedule <b>C</b> (Form 990 or 990-EZ) 201	O Community Hou	sina Improvemen	nt Program	94-2223	398 Page <b>2</b>	
	the organization is			filed Form 5768 (ele		
<del>`</del>	<del>- ' i </del>	s to an affiliated group.			<del></del>	
<del></del>		d box A and 'limited cor	ntrol' provisions apply.			
	Limits on Lobbying			(a) Filing organization's totals	(b) Affiliated group totals	
1 a Total lobbying expenditu	ures to influence public	opinion (grass roots lo	bbying)			
<b>b</b> Total lobbying expenditu	ures to influence a legi	slative body (direct lobb	ying)	14,324.		
c Total lobbying expenditu	ures (add lines 1a and	1b)		14,324.	0.	
d Other exempt purpose e	expenditures.					
e Total exempt purpose e	xpenditures (add lines	1c and 1d)		14,324.	0.	
f Lobbying nontaxable an both columns	nount Enter the amou	nt from the following tab	ole in	2,865.		
If the amount on line 1e, coli	umn (a) or (b) is The	lobbying nontaxable a	mount is			
Not over \$500,000	209	% of the amount on line 1e				
Over \$500,000 but not over \$1,	.000,000 \$10	0,000 plus 15% of the excess	over \$500,000			
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.         g Grassroots nontaxable amount (enter 25% of line 1f)       716.         h Subtract line 1g from line 1a If zero or less, enter -0-       0.         i Subtract line 1f from line 1c If zero or less, enter -0-       11,459.         j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting						
	i Subtract line 1f from lin	e 1c If zero or less, e	nter -0-		11,459.	0.
	j If there is an amount ot section 4911 tax for this		r line 1h or line 1i, did t	he organization file For	m 4720 reporting	Yes X No
	(Som	e organizations that m	ear Averaging Period L nade a section 501(h) el pelow. See the instruction	ection do not have to o	complete all of the five h 2f.)	
		Lobbyir	g Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	( <b>d)</b> 2010	(e) Total	
2a Lobbying non-taxable amount	280,115.	229.	721.	2,865.	283,930.	
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					425,895.	
c Total lobbying expenditures	199.	1,147.	3,603.	14,324.	19,273.	

f Grassroots lobbying expenditures

**d** Grassroots nontaxable amount

e Grassroots ceiling amount (150% of line 2d, column (e)) 70,029.

0. Schedule **C** (Form 990 or 990-EZ) 2010

716.

70,982.

106,473.

57.

<u>18</u>0.

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		3)	(b)
legislation, including any attempt to influence public opinion on a legislative matter or referendum.	Yes	No	Amount
a Volunteers?	<u> </u>		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?			
d Mailings to members, legislators, or the public?			
e 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?  i Other activities? If 'Yes,' describe in Part IV			
j Total Add lines 1c through 1i			
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If 'Yes,' enter the amount of any tax incurred under section 4912			
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	Ţ - ·	]	
rt III-A Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6).	1(c)(5)	, or	
			Yes
			1
Were substantially all (90% or more) dues received nondeductible by members?			
			2
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?			<del></del>
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?	1(c)(5) art III-	, or A, lin	3
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  It III-B Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if P is answered 'Yes.'	1(c)(5) art III-	or A, lin	3
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  rt III-B Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if P is answered 'Yes.'  Dues, assessments and similar amounts from members	art III-	A, lin	3
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if P is answered 'Yes.'  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	art III-	A, lin	3
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if P is answered 'Yes.'  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year	art III-	A, lin	3
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  It III-B   Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if P is answered 'Yes.'  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year	art III-	A, lin	3
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  It III-B Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if P is answered 'Yes.'  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total	art III-	1 2a 2b	3
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if P is answered 'Yes.'  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures of nondeductible lobbying and political expendit	ess	2a 2b 2c 3	3
Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carryover lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 50 section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if P is answered 'Yes.'  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ess	1 2a 2b 2c	3

schedule C (Form 990 or 990-E2) 2010 Community Housing improvement Program	94-2223398	Page <b>4</b>
Randly Supplemental Information (continued)		
METATORIES - APPENDICULAR TO THE CONTROL OF THE CON		
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		<b> </b>
	· <del></del>	

#### 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, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions. OMB No 1545 0047

2010

Open to Public Inspection

Name of the organization Employer identification number 94-2223398 Community Housing Improvement Program Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? No 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? Nο Yes Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2_b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ 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 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ 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 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X **>** \$ 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 a Revenues included in Form 990, Part VIII, line 1 ▶\$ ▶\$ b Assets included in Form 990, Part X

Schedule D (Form 990) 2010 Commu					94-222			Page 2
Part III Organizations Maintai	ining Colle	ctions	of Art, Histor	<u>rical Treasures, c</u>	or Other Similar Ass	ets (co	<u>ontınu</u>	<u>ed)</u>
3 Using the organization's acquisiti items (check all that apply).	on, accession	, and o	ther records, che	ck any of the following	ng that are a significant ι	ise of its	collect	tion
a Public exhibition			<b>d</b> Loan o	r exchange programs				
<b>b</b> Scholarly research			e U Other					
c Preservation for future gener								
Provide a description of the orgal Part XIV      Description of the organization						se in		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to	receive be maii	donations of art, ntained as part o	, nistoricai treasures, f the organization's c	or other similar ollection?	Yes	Г	No
Part IV Escrow and Custodia 9, or reported an amo	l Arrangem	ents.	Complete if o	rganization answ		90, Pa	irt IV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?					ther assets not	Yes		No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV a	nd com	plete the following	ng table				
					-	Amount	<u>i</u>	
c Beginning balance					1c			
d Additions during the year					1 d			
e Distributions during the year					1e			
f Ending balance		222			1f			<b></b>
2a Did the organization include an a		m 990,	Part X, line 217			Yes	L	No
b If 'Yes,' explain the arrangement Part V Endowment Funds. Co		20.010	ionization and	warad 'Vas' ta Ea	rm 000 Part IV June	10		
Part V   Endowment Funds. Co	1			(c) Two years ba			Four years	c back
1.5 Paginning of waar halance	(a) Current	year	(b) Prior year	(c) Two years ba	CK (0) Three years back	(e) r	our years	5 Dack
1 a Beginning of year balance b Contributions					<del></del>	+		
						+		
c Net investment earnings, gains, and losses								
d Grants or scholarships	-					<del></del>		
e Other expenditures for facilities and programs			<del></del>			-		
f Administrative expenses								
g End of year balance			1					
2 Provide the estimated percentage	-	end bal	ance held as					
a Board designated or quasi-endov			8					
<b>b</b> Permanent endowment	%							
c Term endowment ►								
3a Are there endowment funds not organization by	in the possess	sion of	the organization	that are held and adn	ninistered for the		Yes	No
(i) unrelated organizations						3a(i)		<del></del>
(ii) related organizations						3a(ii)		<del></del>
<b>b</b> If 'Yes' to 3a(II), are the related of	•		•			_ 3b		
4 Describe in Part XIV the intender								
Part VI Land, Buildings, and					T	(4)		
Description of investment	i		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(0) (	Book va	ilue
1a Land				1,112,266.		1	,112	,266.
<b>b</b> Buildings	,			4,578,271				,994.
c Leasehold improvements								
<b>d</b> Equipment								
e Other				187,337	. 175,613.		11	,724.
Total. Add lines 1a through 1e (Column	ın (d) must eq	ual For	m 990, Part X, c	olumn (B), line 10(c).				,984.
DAA					Caba	dula D /C	OC	2010

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Schedule **D** (Form 990) 2010

	Schedule D (Form 990) 2010 Commun	nity Housing	Improvement Pr	ogram	94-2223	398 Page <b>3</b>
(including name of security) Cost of end-of-year market value  (i) Francial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	Part VII Investments-Other Se	ecurities. See Fo	rm 990, Part X, Iır	ne 12.	N/A	
	(a) Description of security or (including name of secu	category rity)	(b) Book value			
(3) Other (4) (2) (3) (4) (5) (6) (6) (7) (7) (8) (8) (9) (9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(1) Financial derivatives	Ĺ				
A	(2) Closely-held equity interests	L				<u> </u>
(G)	(3) Other					
(C) (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	<u>(A)</u>					
(£)	(B)					
(£)	(C)					
(£)	(D)					
(G) (G) (F) (G) (F) (G) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F			•			
(G)						
(1)   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20   (20						
10   10   10   10   10   10   10   10						
Total   Column (b) must equal Form 990 Part X, column (B) line 12)   Part VIII   Investments—Program Related. (See Form 990, Part X, line 13)   N/A			., .			
Part VIII   Investments—Program Related. (See Form 990, Part X, line 13)   N/A (a) Description of investment type (b) Book value (C) Method of valuation Cost or end of year market value (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		olumn (B) line 12)				
(1)   Cost or end-of-year markel value   (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10)   (10			orm 990, Part X,	line 13)	N/A	· · · · · · · · · · · · · · · · · · ·
(2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (2) (2) (3) (4) (5) (9) (10) (10) (10) (10) (10) (10) (10) (2) (2) (3) (4) (5) (5) (5) (6) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(a) Description of investme	nt type	(b) Book value		(c) Method of valuation Cost or end-of-year market	on et value
(3) (4) (5) (6) (7) (8) (9) (10)    Total (Column (b) must equal Form 990, Part X, column (B) line 15)   Cash Impounds   198, 120. (2) Cash Impounds   198, 120. (3) Deposits   13, 259. (4) Property in Development   12, 251, 940. (5) (6) (7) (8) (9) (10)    Total (Column (b) must equal Form 990, Part X, column (B), line 15)   Part X   Other Liabilities. (See Form 990, Part X, line 25) (a) Description of liability   (b) Amount   (1) Federal income laxes   (2) Revolving Fund   693. (3) Security Deposits Payable   35, 858. (4) (5) (6) (7) (8) (9) (10) (10) (11) (11) (11) (10) (10) (10	(1)				·	
(6) (5) (6) (7) (8) (9) (10)    Total (Column (b) must equal Form 990, Part X, column (B) line 13) ▶	(2)					
(5) (6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) ▶  Part XX   Other Assets. (See Form 990, Part X, line 15)  (a) Description (b) Book value  (1) (2) Cash Impounds (3) Deposits 13, 259. (4) Property in Development (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X   Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount (1) Federal income taxes (2) Revolving Fund (3) Security Deposits Payable (4) (5) (6) (7) (8) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25) (5) (6) (7) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (11) (10) (11) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (10) (10) (11) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (19) (10) (10) (11) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (18) (19) (19) (19) (19) (10) (10) (11) (11) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (18) (18) (18) (19) (19) (19) (19) (10) (10) (11) (11) (11) (12) (12) (13) (14) (15) (15) (16) (17) (18) (18) (18) (19) (19) (19) (19) (19) (19) (19) (19	_ (3)					
(6) (7) (8) (9) (10) Total (Column (b) must equal Form 990, Part X, column (B) line 13) ▶    Part IX   Other Assets. (See Form 990, Part X, line 15)    (a) Description   (b) Book value	(4)					
(7) (8) (9) (10) Total (Column (b) must equal form 990, Part X, column (B) line 13) ▶  Part X   Other Assets. (See Form 990, Part X, line 15)  (a) Description (b) Book value  (b) Book value  (c) Cash Impounds (d) Description (e) Description (f) Description (g) Description of liability (g) Description	(5)					
(8) (9) (10)  Total (Column (b) must equal Form 990, Part X, column (B) line 13)  (a) Description  (b) Book value  (c) (d) Description  (d) Description  (e) Description  (f) Book value  (g) Cash Impounds  (h) Book value  (h) Book v	(6)					
(9) (10) (10) (10) (10) (10) (10) (10) (10	(7)		· · · · · · · · · · · · · · · · · · ·			
(9) (10) (10) (10) (10) (10) (10) (10) (10	(8)					· · · · · · · · · · · · · · · · · · ·
Total (Column (b) must equal Form 990, Part X, column (B) Inte 13)   Total (Column (b) must equal Form 990, Part X, column (B) Inte 15)   Total. (Column (b) must equal Form 990, Part X, column (B) Inte 15)   Total. (Column Fund						
Total (Column (b) must equal Form 990, Part X, column (B) line 13)   (a) Description (b) Book value (c) (c) Cash Impounds 198, 120. (d) Property in Development 12, 251, 940. (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f						·
Part IX   Other Assets. (See Form 990, Part X, Inne 15)		olumn (B) line 13 )				
(1) (2) Cash Impounds (3) Deposits (4) Property in Development (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X   Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount (1) Federal income taxes (2) Revolving Fund (3) Security Deposits Payable (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25)  36, 551.			ine 15)		-	
198,120.		(a) Des	cription			(b) Book value
3) Deposits   13,259.	(1)					
(4) Property in Development (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X   Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount (1) Federal income taxes (2) Revolving Fund (3) Security Deposits Payable (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25)  36, 551.	(2) Cash Impounds				1	198,120.
(5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(8), line 15)  Part X   Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount (1) Federal income taxes (2) Revolving Fund 693. (3) Security Deposits Payable 35, 858. (4) (5) (6) (7) (8) (9) (10) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (8) line 25)  36, 551.	(3) Deposits				****	13,259.
(6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X   Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount (1) Federal income taxes (2) Revolving Fund (693. (3) Security Deposits Payable (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ▶ 36, 551.	(4) Property in Developme	nt				12,251,940.
(6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X   Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount (1) Federal income taxes (2) Revolving Fund (693. (3) Security Deposits Payable (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ▶ 36, 551.	(5)	<del>-</del> -				
(7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X   Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount (1) Federal income taxes (2) Revolving Fund (693. (3) Security Deposits Payable (4) (5) (6) (7) (8) (9) (10) (11) Total. (Column (b) must equal Form 990, Part X, column (B) line 25)  12, 463, 319.  12, 463, 319.	(6)					
(8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount (1) Federal income taxes (2) Revolving Fund 693. (3) Security Deposits Payable 35, 858. (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ▶ 36, 551.		·				
(9) (10)  Total. (Column (b) must equal Form 990, Part X, column(B), line 15)  Part X Other Liabilities. (See Form 990, Part X, line 25)  (a) Description of liability (b) Amount (1) Federal income taxes (2) Revolving Fund 693. (3) Security Deposits Payable 35, 858. (4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ▶ 36, 551.						
Total. (Column (b) must equal Form 990, Part X, column(B), line 15)						<del></del>
Total. (Column (b) must equal Form 990, Part X, column(B), line 15)       ▶       12,463,319.         Part X   Other Liabilities. (See Form 990, Part X, line 25)         (a) Description of liability       (b) Amount         (1) Federal income taxes       693.         (2) Revolving Fund       693.         (3) Security Deposits Payable       35,858.         (4)       (5)         (6)       (7)         (8)       (9)         (10)       (11)         Total. (Column (b) must equal Form 990, Part X, column (B) line 25)       36,551.			· · · · · · · · · · · · · · · · · · ·			
Part X   Other Liabilities. (See Form 990, Part X, Inne 25)   (a) Description of liability   (b) Amount		00. Part X. column(B)	), line 15)	<del></del>	<b>&gt;</b>	12,463,319.
(a) Description of liability       (b) Amount         (1) Federal income taxes       693.         (2) Revolving Fund       693.         (3) Security Deposits Payable       35,858.         (4)       (5)         (6)       (7)         (8)       (9)         (10)       (10)         (11)       36,551.					•	
(1) Federal income taxes (2) Revolving Fund (3) Security Deposits Payable (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25)  (2) Revolving Fund (693. (35, 858. (4) (5) (6) (7) (8) (9) (10) (11)					· · · · · ·	
(2) Revolving Fund       693.         (3) Security Deposits Payable       35,858.         (4)       (5)         (5)       (6)         (7)       (8)         (9)       (10)         (11)       (11)         Total. (Column (b) must equal Form 990, Part X, column (B) line 25)       36,551.			35/2			
(3) Security Deposits Payable 35,858.  (4)  (5)  (6)  (7)  (8)  (9)  (10)  (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25)   35,858.	<del> </del>		60	93.		
(4) (5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25)  36, 551.		able				
(5) (6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25)  ▶ 36, 551.		<u>ub10</u>	33,00	70.		
(6) (7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25)  36, 551.						
(7) (8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25)  36, 551.			<u> </u>			
(8) (9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25)  ▶ 36, 551.				$\dashv$		
(9) (10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25)  ▶ 36, 551.						
(10) (11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25)  ▶ 36, 551.			+	—		
(11)  Total. (Column (b) must equal Form 990, Part X, column (B) line 25)  ▶ 36, 551.			+			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ► 36, 551.			<del></del>	$\dashv$		
		alumn (P) line 25)	26 55	-		
		<del> </del>			i's financial statements that r	enorts the

Schedule <b>D</b> (Form 990) 2010 Community Housing Improvement Program	94-2223398	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	N/A	
1 Total revenue (Form 990, Part VIII,column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25)		
3 Excess or (deficit) for the year. Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		
7 Prior period adjustments		
8 Other (Describe in Part XIV)		
9 Total adjustments (net) Add lines 4 through 8	-	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return N/A	
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		· · · · · ·
a Net unrealized gains on investments		
b Donated services and use of facilities . 2b	, ,	
c Recoveries of prior year grants . 2c		
d Other (Describe in Part XIV)	<del>-</del>	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investments expenses not included on Form 990, Part VIII, line 7b  b Other (Describe in Part XIV)	<del> </del>	
c Add lines 4a and 4b.		
	4c 5	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		<del></del>
Part XIII   Reconciliation of Expenses per Audited Financial Statements With Expenses		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	<del> </del>	
b Prior year adjustments		
c Other losses 2c		
d Other (Describe in Part XIV )		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b.	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIV   Supplemental Information	5	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Par 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 comany additional information	rt IV, lines 1b and 2b; iplete this part to prov	de

Schedule D (Form 990) 2010 Community Housing Im  Part XIV Supplemental Information (continued)	provement Program	94-2223398	Page 5
Supplemental Information (continued)			

TEEA3305L 07/16/10

Schedule **D** (Form 990) 2010 ·

BAA

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

2010

OMB No 1545-0047

Open to Public Inspection

(f)
Direct controlling
entity Part II Identification of Related Tax-Exempt Organizations (Complete organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Employer identification number 94-2223398 (e) End-of-year assets Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) (d) Total income (c)
Legal domicile (state or foreign country) (b) Primary activity Community Housing Improvement Program (a) Name, address, and EIN of disregarded entity Name of the organization 6 € **E** 8 6 ତ୍ର

	,						١
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	13) lttb/
						Yes	2
(1) Butte Creek Housing Corporation							
1001 Willow St.	Provide						
(2) Chico, CA 95928	affordable					<u>.</u>	
	rental housing	CA	12	501 c 3	yes		×
(3) Queen Ann Housing Corporation							
	Provide						1
(4) Chico, CA 95928	affordable						
	rental housing	CA	12	501 c 3	yes	^	<u>.</u>
(5) Eaton Housing, Inc.						_	
	Provide						
(6) Chico, CA 95928	affordable						
	rental housing	CA	12	501 c 3	yes	^	<u>.</u>
$\omega$							

Schedule R (Form 990) 2010

TEEA5001L 12/22/10

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

94-2223398

Page 2

Schedule R (Form 990) 2010 Community Housing Improvement Program

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

(a)	(q)	9	(p)	(e)	(a) (b) (c) (d) (e) (f) (g)	(b)	3	1	Θ	8
Name, address, and EIN of	Primary activity	Legal	Legal Direct	Predominant Predominant	Share of total	Share of	Dispropor-	Code V-UBI	General or	Percentage
ופומנפת מואמוווצמוומו		(state or	connection of entire	unrelated, excluded		assets	allocations?	20 of Schedule	partner?	diliciolis
		foreign		from tax under				- -		
		country)		sections 512-514)			Yes No	(Form 1065)	Yes No	
(1) Eaton_Housing_Im										· !
1001_Willow_St										
<u>Chico, CA_95928_</u>										
68-0240739	Housing	CA	CHIP		0.	0.	×	N/A	×	
(2) Campbell Commons				— <u>-</u> - •						
1001_Willow_Stre										
<u>Chico, CA_95928_</u>										
	Housing	CA	CHIP		0.	0.	×	N/A	×	
(3)										
1 1 1 1 1 1										
							-			

<b>Parity Identification of Related Organizations Taxable as a Corporation or Trust</b> (Complete if the organization answine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Faxable as a Cored or a consecutive or consecutive con	poration or Trust treated as a corpo	(Complete	f the organizated the	ation answered 'Ye tax year.)	is a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV zations treated as a corporation or trust during the tax year.)	rt IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign contr country)	(d) Direct olling entity ((	(e) Type of entity Corp, S corp, or trust)	Share of total income	(b) (country) C (country) C (d) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	(h) Percentage ownership
ω							
22							
33							
	<b></b>	-					

Schedule R (Form 990) 2010

TEEA5002L 12/07/10

BAA

94-2223398

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

					٠,
Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	es No	
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  2 Recent of the interest (ii) sequences (iii) regulated to the second of the	ons listed in Parts II-			<b>×</b>	
a receipt of () interest (i) an interest (ii) requires (iii) a controlled critical in the critica			3 -	; >	,
<b>b</b> Gift, grant, or capital contribution to other organization(s)			0	<b> </b>	
c Gift, grant, or capital contribution from other organization(s)			1c	×	
d Loans or loan guarantees to or for other organization(s)			14	×	
e Loans or loan quarantees by other organization(s)			1e	×	
f Sale of assets to other organization(s)			1	×	
g Purchase of assets from other organization(s)			19	×	
h Exchange of assets			٦٢	×	
i Lease of facilities, equipment, or other assets to other organization(s)			=	×	
i Lease of facilities, equipment, or other assets from other organization(s)			=	×	-
k Performance of services or membership or fundraising solicitations for other organization(s)			14	×	
			11	×	
m Sharing of facilities, equipment, mailing lists, or other assets			1,3	×	
n Sharing of paid employees			-	×	
				<u> </u>	- ,
o Keimbursement paid to other organization for expenses			2 .	<b>;</b>  >	
p Keimbursement paid by other organization for expenses			a -	<	
a Other transfer of each or proporty to other preservation(c)				×	-
The transfer of cash or property from other organization(s)				×	
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	covered relationship	s and transaction thres	sholds		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	ermining olved	
Albaton Moneing Tenrottoment Drogram I D	·-	39 407	Land Lease	a	
Improvement regram			1	2	
(2) Eaton Housing Improvement Program L.P.	¥	45,807.	Contract		
(3) Campbell Commons Associates, LP	꼬	47,729.	Contracts		
(c)					
			Ļ	100	
<b>BAA</b> TEEA5003L 12/23/10		Schec	Schedule R (Form 990) 2010	90) 2010	_

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94-223398

Parkwil Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

(h)
General or
managing
partner? Yes No Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships Code V-UBI amount In box 20 of Schedule K-1 Form (1065) Disproportionate ٩ Yes Are all partners Share of end-of-year C section 501(c)(3) assets all organizations? ŝ Yes (c)
Legal domicile
(state or foreign country) Primary activity Ð (a) Name, address, and EIN of entity 1 1 1111 1 1 1 1 1 <u>--</u>E 1 1 I 1 1 € ල් 8 ଫୁ ক্র 8 E

Schedule R (Form 990) 2010

TEEA5004L 12/23/10

Schedule R Part VII	(Form 990) 2010 Supplemental Information	Page 5
<u> </u>	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
		~

Continuation Page 1 of 1

94-2223398

Schedule R Cont (Form 990) 2010 Community Housing Improvement Program

Part II Continuation of Identification of Related Tax-Exempt Organizations

0) 2010	Form 99	Schedule R Cont (Form 990) 2010			TEEA5102L 01/25/11		
				;			
1							
	:						
×		Yes	501 c 3	12	CA	affordable rental housing	<u>Chico, CA 95928</u>
!						l ≥	Ellsion I Housing Corporation 1001 Willow St.
×		no	501 c 3	12	CA	affordable rental housing	<u>Chico, CA 95928</u> 68-0389885
	-					Provide	Ellison II Housing Corporation 1001 Willow St.
×		yes	501 c 3	12	CA	afffordable rental housing	<u>Chico, CA 95928</u>
						≥	Kathy Court Housing Corporation 1001 Willow St.
×		yes	501 c 3	12	CA	affordable rental housing	Chico, CA 95928
						Provide	<u>Chico Homes, Inc</u> 1001 Willow St.
2	Yes		,				
(b)(13) 1 entity?	Sec 512(b)(13) controlled entity?	(F) Direct controlling entity	(E) Public charity status (if section 501(c)(3))	( <b>D)</b> Exempt Code section	(C) Legal domicile (state or foreign country)	<b>(B)</b> Primary activity	( <b>A)</b> Name, address, and EIN of related organization

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

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public Inspection

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

Pepartment of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
Community Housing Improvement Program	94-2223398
<u> Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Boo</u>	¥
CHIP has associate members that elect the board	
Form 990, Part VI, Line 11b - Form 990 Review Process	
990 reviewed by board of directors prior to filing.	
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Cor	ıflicts
Annual disclosure of conflict of interest form is filed by each	n board member and
director.	
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers	s & Key Employees
Board of Directors reviews and approves executive salaries.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
990 is available on Guidestar for public review.	
	<del>-</del>

2010	Federal Worksheets	Page 1
Client 38 C	ommunity Housing Improvement Program	94-2223398
9/14/11		12 25PM
Form 990, Part VIII, Line 2f Other Program Service Revenue		
<u>Description</u> Other Miscellaneous Sale of Property Total:	Bus. Total Exempt Func tion Revenue \$ 31,140.	Revenue Excluded From Tax
Form 990, Part IX, Line 24f Other Expenses		
	(A) (B) (C) Program Management Total Services & General	(D) Fundraising
Audit Bad Debts Bank Fees	11,000. 11,000. 289. 262. 27.	
Ceremonies & Promotions Credit Report Fees Dues & subscriptions Miscellaneous Postage and Shipping Printing and Publications Property Taxes Repairs & Maintenance Tools Training & Books	3,173. 3,173. 10,725. 10,725. 19,131. 17,749. 1,382. 1,409. 562. 847. 11,606. 7,104. 4,502. 15,380. 12,876. 2,504. 10,262. 13,247. 4,301. 8,946. 5,118. 5,047. 3,325. 1,722. Total \$ 106,387. \$ 75,457. \$ 30,930.	\$ 0.

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