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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

HOUSING CORPORATION OF AMERICA

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

2022 SOUTH 2100 EAST NO 101

Room/suite

City or town, state or country, and ZIP + 4

SALT LAKE CITY, UT 84108

F Name and address of principal officer

CAROL CROMAR  
2022 SOUTH 2100 EAST NO 101  
SALT LAKE CITY, UT 84108

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.HOUSINGCORPOFAMERICA.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1990

M State of legal domicile

UT

Part I	Summary																																				
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>TO PROVIDE AFFORDABLE HOUSING</div></div>																																				
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Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

\*\*\*\*\*

Signature of officer

2012-11-11

Date

CAROL CROMAR VICE PRESIDENT

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

NANCY MORTON

Date

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P00370064

Firm's name (or yours if self-employed), address, and ZIP + 4

DAUBY O'CONNOR & ZALESKI LLC  
501 CONGRESSIONAL BLVD STE 300  
CARMEL, IN 46032

EIN

35-1750664

Phone no

(317) 848-5700

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No  
If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No  
If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 897,395 including grants of \$ ) (Revenue \$ 1,376,904 )  
DEVELOP AND MANAGE HOUSING PROJECTS FOR LOW AND MODERATE INCOME INDIVIDUALS AND FAMILIES

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d
















Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses \$ 897,395

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	Yes
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? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
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)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i> . . . . .	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i> . . . . .	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i> . . . . .	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> . . . . .	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> . . . . .	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements . . . . .	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
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 owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a	10		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			2b		No
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? .			3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? .		4a	No	
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .		5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? .		6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .			7a	No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? .			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .			7c	No	
d If "Yes," indicate the number of Forms 8282 filed during the year.			7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .			7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .			7f		
g 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 a Form 1098-C? .			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .					
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966? .			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person? .			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12.			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			10b		
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders.			11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? .					
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? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.			13a		
b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			13b		
c Enter the aggregate amount of reserves on hand.			13c		
14a Did the organization receive any payments for indoor tanning services during the tax year? .			14a	No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			14b		

Part VI

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
1a	5		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	0
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	No
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	No
13	Did the organization have a written whistleblower policy? . . . . .	13	No
14	Did the organization have a written document retention and destruction policy? . . . . .	14	No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	No
b	Other officers or key employees of the organization . . . . .	15b	No
	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 taxable entity during the year? . . . . .	16a	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. CA CAROL CROMAR 2022 SOUTH 2100 EAST 101 SALT LAKE CITY, UT 84108 (801) 819-7989

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

**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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

[illegible]



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	353,410	0	57,000

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 3

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
THOMAS L SAFRAN 11812 SAN VICENTE BLVD 600 LOS ANGELES, CA 900495063	ADMINISTRATIVE SERVICES FEE	301,262

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶1

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e	112,934				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,927				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .		115,861				
Program Service Revenue			Business Code					
	2a	PARTNERSHIP FEE REVENUE	531310	834,198	834,198			
	b	INCENTIVE MANAGEMENT F	531310	301,168	301,168			
	c	DEVELOPER FEE INCOME	531390	160,000	160,000			
	d	REIMBURSED EXPENSES	531310	64,582	64,582			
	e	INCOME/LOSS FROM PASS-	531390	5,965	5,965			
	f	All other program service revenue		579	579			
	g	Total. Add lines 2a-2f . . . . .		1,366,492				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		12,820			12,820	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .						
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	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)						
	d	Net gain or (loss) . . . . .						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
	b	Less direct expenses . . . . .	b					
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a					
	b	Less direct expenses . . . . .	b					
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances . . . . .	a						
b	Less cost of goods sold . . . . .	b						
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS INCOME	531310	10,412	10,412				
b								
c								
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .		10,412					
12	Total revenue. See Instructions . . . . .		1,505,585	1,376,904	0	12,820		

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	10,179	10,179		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	16,470	16,470		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	353,410	353,410		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	335,717	335,717		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .	76,501	76,501		
10	Payroll taxes . . . . .	40,529	40,529		
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	945		945	
c	Accounting . . . . .	21,615		21,615	
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	301,262		301,262	
g	Other . . . . .	232		232	
12	Advertising and promotion . . . . .	121		121	
13	Office expenses . . . . .	58,168		58,168	
14	Information technology . . . . .	7,592		7,592	
15	Royalties . . . . .				
16	Occupancy . . . . .	28,899	28,899		
17	Travel . . . . .	35,690	35,690		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	660		660	
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	4,119		4,119	
23	Insurance . . . . .	2,670		2,670	
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 )				
a					
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,294,779	897,395	397,384	0
26	Joint costs. Check here <input checked="" type="checkbox"/> 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				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			16,213	1	29,762
	2	Savings and temporary cash investments . . . . .			717,270	2	712,056
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			87,639	4	225,632
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .			128,729	7	170,702
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			2,059	9	2,059
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	32,311	5,341	10c	5,867
	b	Less accumulated depreciation . . . . .	10b	26,444			
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities See Part IV, line 11 . . . . .				12	
	13	Investments—program-related See Part IV, line 11 . . . . .			42,695	13	278,886
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			5,221	15	1,658
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			1,005,167	16	1,426,622
Liabilities	17	Accounts payable and accrued expenses . . . . .			24,554	17	16,395
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			6,248	19	5,554
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .				25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			30,802	26	21,949
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			971,677	27	896,277
	28	Temporarily restricted net assets . . . . .			2,688	28	508,396
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			974,365	33	1,404,673
	34	Total liabilities and net assets/fund balances . . . . .			1,005,167	34	1,426,622

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,505,585
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,294,779
3	Revenue less expenses Subtract line 2 from line 1	3	210,806
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	974,365
5	Other changes in net assets or fund balances (explain in Schedule O)	5	219,502
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,404,673

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization HOUSING CORPORATION OF AMERICA	Employer identification number 87-0457932
------------------------------------------------------------	----------------------------------------------

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☒

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 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						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions )					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	<b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>

Part IIIPart III

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		405,155	2,000	505,708	115,861	1,028,724
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	741,026	739,882	1,096,059	969,662	1,366,492	4,913,121
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	741,026	1,145,037	1,098,059	1,475,370	1,482,353	5,941,845
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		392,155	1,000			393,155
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	237,851	243,317	532,730	387,476	464,851	1,866,225
c Add lines 7a and 7b	237,851	635,472	533,730	387,476	464,851	2,259,380
8 Public Support (Subtract line 7c from line 6.)						3,682,465

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	741,026	1,145,037	1,098,059	1,475,370	1,482,353	5,941,845
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,035	14,181	13,373	7,095	12,820	56,504
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	9,035	14,181	13,373	7,095	12,820	56,504
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	97,352	115,553	11,286	21,548	10,412	256,151
13 Total support (Add lines 9, 10c, 11 and 12.)	847,413	1,274,771	1,122,718	1,504,013	1,505,585	6,254,500
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	58 880 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	49 830 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	0 900 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	1 000 %
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	<input type="checkbox"/>	



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

Facts And Circumstances Test

Explanation
SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SCHEDULE A, PART III, LINE 1D THE AMOUNT OF GIFTS, GRANTS, CONTRIBUTIONS AND MEMBERSHIP FEES HAVE BEEN RESTATED FOR THE YEAR ENDED DECEMBER 31, 2010 TO ACCOUNT FOR THE PRIOR PERIOD ADJUSTMENT APPLIED DURING THE YEAR ENDED DECEMBER 31, 2011 DURING THE YEAR ENDED DECEMBER 31, 2010 GOVERNMENT CONTRIBUTIONS TOTALING \$505,708 WERE NOT REPORTED ON THE FINAL TAX RETURN AS A RESULT A PRIOR PERIOD ADJUSTMENT WAS APPLIED ON THE RETURN FOR THE YEAR ENDED DECEMBER 31, 2011 THE SCHEDULE A AMOUNTS FOR THE YEAR ENDED DECEMBER 31, 2010 HAVE BEEN ADJUSTED TO PROPERLY PRESENT THE SCHEDULE A IF THE GOVERNMENT CONTRIBUTION WAS RECOGNIZED DURING THE APPROPRIATE YEAR
SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SCHEDULE A, PART III, LINE 12 MISCELLANEOUS INCOME CONSISTS OF OTHER INCOME ITEMS GENERATED FROM ACTIVITIES IN LINE WITH THE ORGANIZATION'S MISSION AND PURPOSE

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 87-0457932  
**Name:** HOUSING CORPORATION OF AMERICA

**Form 990, Special Condition Description:**

<b>Special Condition Description</b>
--------------------------------------

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
Attach to Form 990. See separate instructions.

Name of the organization  
HOUSING CORPORATION OF AMERICA

Employer identification number  
87-0457932

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

Part III

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

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

Yes

No

4

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

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		32,311	26,444	5,867
e Other . . . . .				0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				5,867

Schedule D (Form 990) 2011



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,505,585
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,294,779
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	210,806
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	219,556
8	Other (Describe in Part XIV)	8	-54
9	Total adjustments (net) Add lines 4 - 8	9	219,502
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	430,308

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	1,566,141
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	102,210
e	Add lines 2a through 2d . . . . .	2e	102,210
3	Subtract line 2e from line 1 . . . . .	3	1,463,931
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	41,654
c	Add lines 4a and 4b . . . . .	4c	41,654
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	1,505,585

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	1,259,090
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	1,259,090
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	35,689
c	Add lines 4a and 4b . . . . .	4c	35,689
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	1,294,779

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAX. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE TAXES ON REVENUE AND INCOME HAS BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN NON-DEDUCTIBLE EXPENSES AND TAX-EXEMPT INCOME AT LOWER TIER LEVEL -54
PART XII, LINE 2D - OTHER ADJUSTMENTS		DISTRIBUTIONS/CONTRIBUTIONS CHARACTERIZED AS P-SHIP FEE INCOME ON FINANCIALS 55,085 DISTRIBUTIONS CHARACTERIZED AS MISCELLANEOUS INCOME ON AUDITED FINANCIALS 47,031 DISTRIBUTIONS CHARACTERIZED AS INCENTIVE MANAGEMENT FEE INCOME ON FINANCIALS 94
PART XII, LINE 4B - OTHER ADJUSTMENTS		REIMBURSED EXPENSES OFF-SET AGAINST EXPENSES ON AUDITED FINANCIALS 35,689. INCOME FROM PASS-THROUGH ENTITIES NOT REPORTED FOR MATERIALITY ON FINANCIALS 5,965
PART XIII, LINE 4B - OTHER ADJUSTMENTS		REIMBURSED EXPENSES OFF-SET AGAINST EXPENSES ON AUDITED FINANCIALS 35,689

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HOUSING CORPORATION OF AMERICA

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Employer identification number  
87-0457932

Part I

General Information on Grants and Assistance

- 1

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

Yes

No

2

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

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶
- | (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
|                                                    |         |                                    |                          |                                   |                                                       |                                        |                                    |
- 2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

0

3

Enter total number of other organizations listed in the line 1 table . . . . . ▶

0
- For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50055P

Schedule I (Form 990) 2011

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIPS		16,470			

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

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE I, PART II, LINE 1A	GRANTS AND OTHER ASSITANCE TO GOVERNMENT AND ORGANIZATIONS EXCEEDING \$5,000	THE ORGANIZATION MADE CONTRIBUTIONS TO ORGANIZATIONS THAT TOTALED OVER \$5,000, HOWEVER NO ONE ORGANIZATION HAD CONTRIBUTIONS IN EXCESS OF \$5,000 AS A RESULT NO ADDITIONAL DISCLOSURE IS NECESSARY



Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization HOUSING CORPORATION OF AMERICA	Employer identification number  87-0457932
------------------------------------------------------------	--------------------------------------------------

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
HOUSING CORPORATION OF AMERICA

Employer identification number  
87-0457932

Part I

Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ► \$										

Part III

Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JON OLSON	OFFICER FAMILY MEMBER	101,220	EMPLOYEE COMPENSATION FOR SERVICES RENDERED		No
(2) BONNIE YOUNG	OFFICER FAMILY MEMBER	94,364	EMPLOYEE COMPENSATION FOR SERVICES RENDERED		No

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization HOUSING CORPORATION OF AMERICA	Employer identification number 87-0457932
------------------------------------------------------------	----------------------------------------------

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDITING FIRM SENDS A DRAFT OF THE RETURN TO THE ORGANIZATION THE ORGANIZATION FORWARDS A COPY OF THE RETURN TO EACH BOARD MEMBER FOR THEIR COMMENTS PRIOR TO FILING
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATIONS WEBSITE AND TAX RETURNS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	PRIOR PERIOD ADJUSTMENTS 219,556 CHANGE IN NON-DEDUCTIBLE EXPENSES AND TAX EXEMPT INCOME AT LOWER TIER LEVEL -54 TOTAL TO FORM 990, PART XI, LINE 5 219,502
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	DURING THE YEAR ENDED DECEMBER 31, 2011 A PRIOR PERIOD ADJUSTMENT WAS MADE IN ORDER TO RECOGNIZE GOVERNMENT CONTRIBUTIONS THAT WERE NOT RECOGNIZED DURING THE YEAR ENDED DECEMBER 31, 2010 DURING THE YEAR ENDED DECEMBER 31, 2010 THE ORGANIZATION RECEIVED A GOVERNMENT CONTRIBUTION IN THE AMOUNT OF \$505,708 FROM THE STATE OF CALIFORNIA'S POLLUTION CONTROL FINANCING AUTHORITY THE RETURN IS BEING REFLECTED IN THE CURRENT YEAR TO INCORPORATE THE PROPER RECOGNITION OF THIS AMOUNT AND IS BEING INCLUDED IN THE ADJUSTMENT REPORTED ON PART XI, LINE 5 IN ADDITION, THE SCHEDULE A SUPPORT SCHEDULE HAS BEEN RESTATED TO PRESENT SCHEDULE A IF PROPER RECOGNITION OF THE GOVERNMENT CONTRIBUTION WAS RECOGNIZED DURING THE YEAR ENDED DECEMBER 31, 2010
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	DURING THE YEAR ENDED DECEMBER 31, 2011 A PRIOR PERIOD ADJUSTMENT WAS MADE TO ADJUST THE BEGINNING BALANCES OF THE INVESTMENT IN PARTNERSHIPS THE INVESTMENT AMOUNTS REPORTED DURING THE YEAR ENDED DECEMBER 31, 2010 DID NOT ACCOUNT FOR OR INCORPORATE ALL OF THE ORGANIZATION'S INVESTMENTS IN PARTNERSHIPS THE BEGINNING INVESTMENT BALANCES HAVE NOW BEEN ADJUSTED TO AGREE TO THE BEGINNING BALANCES OF THE RESPECTIVE K-1'S FOR EACH ENTITY THE ADJUSTMENT MADE TO THE INVESTMENT BALANCE HAD A NEGATIVE ADJUSTMENT ON NET ASSETS IN THE AMOUNT OF \$286,152 THE AMOUNT IS BEING INCLUDED IN THE ADJUSTMENT AMOUNT REPORTED ON PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	INCLUDED IN THE AMOUNT REPORTED ON PART XI, LINE 5, IS THE CUMULATIVE ADJUSTMENT FOR NON-DEDUCTIBLE EXPENSES AND TAX EXEMPT INCOME REPORTED ON THE RESPECTIVE K-1'S AND INVESTMENT BALANCES OF THE BALANCE SHEET THE OVERALL IMPACT OF THIS ADJUSTMENT WAS A REDUCTION IN NET ASSETS TOTALING \$54
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	THE FOLLOWING EXPLANATION IS A SIMPLE BREAKDOWN OF THE AMOUNT REPORTED ON PART XI, LINE 5 PLEASE SEE PREVIOUS EXPLANATIONS AND DISCLOSURES FOR ADDITIONAL INFORMATION PRIOR PERIOD ADJUSTMENT - GOVERNMENT CONTRIBUTIONS - \$505,708 PRIOR PERIOD ADJUSTMENT - INVESTMENT IN PARTNERSHIPS - (\$286,152) OTHER CHANGES - NON-DEDUCTIBLE EXPENSES AND TAX EXEMPT INCOME FROM PASS-THROUGH ENTITIES - (\$54) TOTAL OF AMOUNT REPORTED ON PART XI, LINE 5 AS OTHER CHANGES IN NET ASSETS OR FUND BALANCES - \$219,502

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
HOUSING CORPORATION OF AMERICA

Employer identification number  
87-0457932

Part I

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership



Part V

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

j Lease of facilities, equipment, or other assets from related organization(s)

k Performance of services or membership or fundraising solicitations for related organization(s)

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

r Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

Yes

No

No

No

No

Yes

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 87-0457932

Name: HOUSING CORPORATION OF AMERICA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end- of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V- UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AIN'T THAT A PEACH LP  6265 VARIEL AVENUE WOODLAND HILLS, CA 91367 38-3737724	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-34	542		No		Yes		0 500 %
URBAN RENUAL LP  6265 VARIEL AVENUE WOODLAND HILLS, CA 91367 95-4880342	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	19	560		No		Yes		1 000 %
DOWNTOWN RENUAL LP  6265 VARIEL AVENUE WOODLAND HILLS, CA 91367 36-4559813	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-22	853		No		Yes		0 500 %
NORTH DOWNTOWN RENUAL LP  6265 VARIEL AVENUE WOODLAND HILLS, CA 91367 59-3810727	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-15	315		No			No	0 500 %
GROW A PEAR LP  6265 VARIEL AVENUE WOODLAND HILLS, CA 91367 37-1552106	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-20	484		No		Yes		0 500 %
ARROW PLAZA KBS LP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 90049 20-8513411	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-37	814		No		Yes		1 000 %
GRAYVILLE LIMITED PARTNERSHIP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 900495063 95-4798332	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-7	379		No		Yes		0 500 %
BREEZEWOOD VILLAGE SENIOR HOUSING LP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 90049 95-4714534	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	12,172	6,405,881		No			No	99 900 %
CANBY WOODS LP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 90049 45-2411404	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED		397		No		Yes		0 490 %
CATALINA AVALON LIMITED  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 90049 95-4771274	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-11	282		No		Yes		0 500 %
CANYON CREEK SENIORS LP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 90049 27-0222734	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-66	1,050		No		Yes		0 500 %
CARSON CITY CENTER SENIOR HOUSING LP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 90049 26-3781359	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-71	1,336		No		Yes		0 450 %
CASA LUCERNA KBS LP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 90049 20-8513712	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-40	800		No		Yes		1 000 %
CHERRYLEE GARDENS KBS LP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 90049 20-8513323	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-42	1,269		No		Yes		1 000 %
THE COMEBACK LP  6265 VARIEL AVENUE WOODLAND HILLS, CA 91367 90-0759561	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-8	619		No		Yes		1 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V- UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HEACOCK COTTONWOOD LP  44-139 MONTEREY AVENUE SUITE A PALM DESERT, CA 92260 33-0658716	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	- 1,381	42,529		No		Yes		50 000 %
HEACOCK COTTONWOOD II LP  44-139 MONTEREY AVENUE SUITE A PALM DESERT, CA 92260 87-0700073	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-12	381		No		Yes		0 500 %
HEACOCK COTTONWOOD III LP  44-139 MONTEREY AVENUE SUITE A PALM DESERT, CA 92260 37-1497350	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-3	95		No		Yes		0 100 %
HEACOCK COTTONWOOD IV LP  44-139 MONTEREY AVENUE SUITE A PALM DESERT, CA 92260 20-3008277	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-4	89		No		Yes		0 100 %
KB SSF LLC  9350 WILSHIRE BOULEVARD SUITE 302 BEVERLY HILLS, CA 90212 95-3208305	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED				No			No	
GARDEN SQUARE APARTMENTS  2001 MARCUS AVENUE SUITE N118 LAKE SUCCESS, NY 110421035 13-3866947	LOW- INCOME HOUSING	CO	HOUSING CORPORATION OF AMERICA	RELATED				No		Yes		
DIVINE SENIOR APARTMENTS ASSOC LP  9 CUSHING SUITE 200 IRVINE, CA 92618 34-2029680	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-7	233		No		Yes		0 510 %
BATTERIES INCLUDED LP  6265 VARIEL AVENUE WOODLAND HILLS, CA 91367 32-0110831	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED		238		No		Yes		0 500 %
DRAKE MANOR KBS LP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 90049 20-8513359	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-49	1,246		No		Yes		1 000 %
HOW BOUT THEM APPLES LP  6265 VARIEL AVENUE WOODLAND HILLS, CA 91367 16-1766220	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-36	884		No		Yes		0 500 %
FONTANA TOSCANA LIMITED PARTNERSHIP  44-139 MONTEREY AVENUE SUITE A PALM DESERT, CA 92260 27-2053814	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED		56		No		Yes		0 500 %
GARFIELD GARDENS LP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 90049 26-1278130	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-21	592		No		Yes		0 500 %
WHITNEY- ORION LLC  7777 BONHOMME SUITE 1210 ST LOUIS, MO 63105 43-1831839	LOW- INCOME HOUSING	MO	HOUSING CORPORATION OF AMERICA	RELATED	8	5		No		Yes		1 000 %
GOLDWARE SR HOUSING LP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 900495063 95-4790789	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-457	11,123		No		Yes		10 000 %
HARMONY ASSOCIATES LP  535 WEST COLORADO STREET 300 GLENDALE, CA 912041101 95-4237550	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED		3,954	Yes			Yes		10 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HEMET VISTAS I LP  44-139 MONTEREY AVENUE SUITE A PALM DESERT, CA 92260 33-0708596	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-916	27,477		No		Yes		50 000 %
HEMET VISTAS II LP  44-139 MONTEREY AVENUE SUITE A PALM DESERT, CA 92260 33-0882146	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-12	322		No		Yes		0 500 %
MV HEMLOCK LIMITED PARTNERSHIP  5051 CANYON CREST DRIVE SUITE 200 RIVERSIDE, CA 92507 45-1968847	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED		66		No		Yes		0 100 %
PD HOVELY LIMITED PARTNERSHIP  44-139 MONTEREY AVENUE SUITE A PALM DESERT, CA 92260 33-0984175	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-37	880		No		Yes		0 500 %
INDIO DESERT PALMS LP  44-139 MONTEREY AVENUE SUITE A PALM DESERT, CA 92260 33-0622016	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-29	871		No		Yes		1 000 %
INGLEWOOD MEADOWS KBS LP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 90049 20-8513469	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-50	2,476		No		Yes		1 000 %
KINGS BEACH HOUSING  9 CUSHING SUITE 200 IRVINE, CA 92618 27-2065129	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-27	1,203		No		Yes		0 490 %
12TH STREET PARTNERS LP  9 CUSHING SUITE 200 IRVINE, CA 92618 30-0558126	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-1	917		No		Yes		0 490 %
LARK ELLEN LIMITED PARTNERSHIP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 90049 95-4636338	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	2,047	51,724		No		Yes		50 000 %
CUDAHY GARDENS PRESERVATION  60 COLUMBUS CIRCLE NEW YORK, NY 10023 33-0790870	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	110	1,397		No		Yes		5 000 %
LEFFINGWELL MANOR KBS LP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 90049 20-8513522	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-39	1,149		No		Yes		1 000 %
RIVERSIDE GARDENS PRESERVATION  60 COLUMBUS CIRCLE NEW YORK, NY 10023 33-0790860	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED				No		Yes		
FIGJAM LP  6265 VARIEL AVENUE WOODLAND HILLS, CA 91367 56-2383273	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	32	719	Yes			Yes		1 000 %
LORIN FARR CROWN LC  2022 SOUTH 2100 EAST SUITE 101 SALT LAKE CITY, UT 84108 87-0517034	LOW-INCOME HOUSING	UT	HOUSING CORPORATION OF AMERICA	RELATED	-380		Yes			Yes		100 000 %
OPUS AT ECHO LP  6265 VARIEL AVENUE WOODLAND HILLS, CA 91367 86-1114696	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	18	321		No			No	1 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MENIFEE VINEYARDS LP  44-139 MONTEREY AVENUE SUITE A PALM DESERT, CA 92260 90-0351554	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED		6,534		No		Yes		5 000 %
MISSION LARUE LP  44-139 MONTEREY AVENUE SUITE A PALM DESERT, CA 92260 61-1416614	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-15	463		No		Yes		0 500 %
MISSION LARUE II LP  44-139 MONTEREY AVENUE SUITE A PALM DESERT, CA 92260 38-3709170	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-5	130		No		Yes		0 100 %
MONTECITO APARTMENTS HOUSING LP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 90049 45-0707609	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	2	657		No		Yes		0 490 %
NORTHLAND VILLAGE ASSOC LP  9 CUSHING SUITE 200 IRVINE, CA 92618 34-2029686	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-24	1,110		No		Yes		0 510 %
FREDERICK & 52ND LP  44-139 MONTEREY AVENUE SUITE A PALM DESERT, CA 92260 33-0824730	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-12	293		No		Yes		0 500 %
FREDERICK AND 52ND II LP  44-139 MONTEREY AVENUE SUITE A PALM DESERT, CA 92260 33-0981102	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-9	364		No		Yes		0 500 %
THROWMEABONE LP  6265 VARIEL AVENUE WOODLAND HILLS, CA 91367 95-4749667	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	353	1,625		No		Yes		12 500 %
DANSTRULL LP  6265 VARIEL AVENUE WOODLAND HILLS, CA 91367 54-2157528	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED		465	Yes			Yes		0 500 %
MV RANCHO DORADO LP  44-139 MONTEREY AVENUE SUITE A PALM DESERT, CA 92260 90-0351557	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED		109		No		Yes		0 500 %
MV RANCHO DORADO II LP  44-139 MONTEREY AVENUE SUITE A PALM DESERT, CA 92260 80-0214621	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-53	972		No		Yes		0 500 %
REGENCY TOWERS SENIOR HOUSING  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 90049 27-1394434	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-35	1,055		No		Yes		0 500 %
REGENT PLAZA KBS LP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 90049 20-8513589	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-39	1,242		No		Yes		1 000 %
RITTENHOUSE LIMITED PARTNERSHIP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 90049 87-0798872	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-61	1,326		No		Yes		0 500 %
LEAN MEAN FIGHTING MACHINE LP  6265 VARIEL AVENUE WOODLAND HILLS, CA 91367 80-0209316	LOW-INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED		969		No		Yes		0 500 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V- UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SAN JACINTO SANTA FE LP  44-139 MONTEREY AVENUE SUITE A PALM DESERT, CA 92260 20-5664828	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-7	171		No		Yes		0 100 %
SAN REMO HESPERIA LP  44-139 MONTEREY AVENUE SUITE A PALM DESERT, CA 92260 75-3254842	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-30	805		No		Yes		0 500 %
SAN REMO HESPERIA II LP  44-139 MONTEREY AVENUE SUITE A PALM DESERT, CA 92260 90-0351541	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-27	718		No		Yes		0 500 %
SIENA COURT APARTMENTS LP  9 CUSHING SUITE 200 IRVINE, CA 92618 27-0517789	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-1	1,116		No		Yes		0 490 %
SKYLINE VILLAGE LP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 900495063 95-4789860	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-25	751		No		Yes		0 500 %
1230 COLE AVENUE LP  6265 VARIEL AVENUE WOODLAND HILLS, CA 91367 86-1168312	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-20	602		No		Yes		0 500 %
DABOYS LP  6265 VARIEL AVENUE WOODLAND HILLS, CA 91367 95-4750037	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-33	1,941		No		Yes		5 000 %
BALDWIN PARK FAMILY HOUSING LP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 90049 95-4763156	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-14	571		No		Yes		0 500 %
YOUTHEMAN LP  6265 VARIEL AVENUE WOODLAND HILLS, CA 91367 95-4799010	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-144	4,249		No		Yes		5 000 %
CARSON HOUSING LIMITED PTNSHP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 90049 95-4641834	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-170	3,705		No		Yes		5 000 %
GRACE HOUSING LIMITED PTNSHIP  11812 SAN VICENTE BLVD SUITE 600 LOS ANGELES, CA 90049 95-4641840	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED	-203	5,001		No		Yes		5 000 %
WILDOMAR TRES LAGOS LP  44-139 MONTEREY AVENUE SUITE A PALM DESERT, CA 92260 90-0351550	LOW- INCOME HOUSING	CA	HOUSING CORPORATION OF AMERICA	RELATED		254		No		Yes		0 500 %



Form

4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment  
Sequence No 179

Department of the Treasury  
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return HOUSING CORPORATION OF AMERICA	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 87-0457932
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	4,119

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System						
<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs		S/L	
<b>c</b> 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	4,119
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost	
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use									
		%							
		%							
		%							
27 Property used 50% or less in a qualified business use									
		%			S/L -				
		%			S/L -				
		%			S/L -				
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report				44	