



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



Form **990-EZ**

**Short Form  
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2011**

**Open to Public  
Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)  
 All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form  
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury  
Internal Revenue Service

**A** For the 2011 calendar year, or tax year beginning July 1, 2011, and ending June 30, 2012

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: HOUSING CONTINUUM, INC.  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite: \_\_\_\_\_  
100 S HAWTHORNE ST  
 City or town, state or country, and ZIP + 4: ELGIN, IL 60123

**D** Employer identification number: 36-3990758  
**E** Telephone number: 847-697-8800  
**F** Group Exemption Number: N/A

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**I** Website: ▶ CCI-HCI.ORG

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

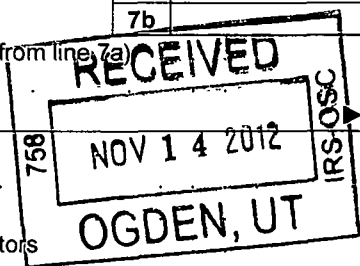
**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 137,620

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21									
Revenue	1	Contributions, gifts, grants, and similar amounts received														128,376																						
	2	Program service revenue including government fees and contracts														9,244																						
	3	Membership dues and assessments																																				
	4	Investment income																																				
	5a	Gross amount from sale of assets other than inventory																																				
	b	Less cost or other basis and sales expenses																																				
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)														0																						
	6	Gaming and fundraising events																																				
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																																				
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																																				
	c	Less direct expenses from gaming and fundraising events																																				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)														0																						
	7a	Gross sales of inventory, less returns and allowances																																				
	b	Less cost of goods sold																																				
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)														0																						
	8	Other revenue (describe in Schedule O)																																				
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8														137,620																						
Expenses	10	Grants and similar amounts paid (list in Schedule O)														115,961																						
	11	Benefits paid to or for members																																				
	12	Salaries, other compensation, and employee benefits														24,562																						
	13	Professional fees and other payments to independent contractors														6,350																						
	14	Occupancy, rent, utilities, and maintenance														2,662																						
	15	Printing, publications, postage, and shipping																																				
	16	Other expenses (describe in Schedule O)														4,136																						
	17	<b>Total expenses.</b> Add lines 10 through 16														153,671																						
	Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)														(16,051)																					
		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)														96,750																					
20		Other changes in net assets or fund balances (explain in Schedule O)																																				
21		<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20														80,699																						



SCANNED DEC 04 2012

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

99

16

**Part II Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	42,153	<b>22</b> 71,567
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe in Schedule O)	54,597	<b>24</b> 14,066
<b>25</b> Total assets	96,750	<b>25</b> 85,633
<b>26</b> Total liabilities (describe in Schedule O)		<b>26</b> 4,934
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	96,750	<b>27</b> 80,699

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Create / Maintain affordable housing

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

<b>28</b> Administer purchase / resale program and manage low income rental program to assist low income families in meeting their housing needs. One family assisted with home purchase. 13 families assisted with rentals. (Grants \$ 115,961) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	135,385
<b>29</b> _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b> _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32</b> Total program service expenses (add lines 28a through 31a)	<b>32</b>	135,385

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jeff Volkman 100 S. Hawthorne St - Elgin, IL 60123	President 1.0	0	0	0
Mollie Millen 100 S. Hawthorne St - Elgin, IL 60123	Vice President 1.0	0	0	0
David Shepard 100 S. Hawthorne St - Elgin, IL 60123	Sec / Treasurer 1.0	0	0	0
Nolan Edmonds 100 S. Hawthorne St - Elgin, IL 60123	Director 0.5	0	0	0
John Hughes 100 S. Hawthorne St - Elgin, IL 60123	Director 0.5	0	0	0
Nick Urrutia 100 S. Hawthorne St - Elgin, IL 60123	Director 0.5	0	0	0
Cari Zwick 100 S. Hawthorne St - Elgin, IL 60123	Director 0.5	0	0	0
Bobbie Erdman 100 S. Hawthorne St - Elgin, IL 60123	Director 0.5	0	0	0
Claudia Tremaine 100 S. Hawthorne St - Elgin, IL 60123	Director 0.5	0	0	0
Lowell Tosch 100 S. Hawthorne St - Elgin, IL 60123	Exec Director 5.0	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Table with columns Yes, No and row 33 with 'X' in the No column.

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)

Table with columns Yes, No and row 34 with 'X' in the No column.

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

Table with columns Yes, No and row 35a with 'X' in the No column.

b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O

Table with columns Yes, No and row 35b.

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

Table with columns Yes, No and row 35c with 'X' in the No column.

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

Table with columns Yes, No and row 36 with 'X' in the No column.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37a NONE

Table with columns Yes, No and row 37a.

b Did the organization file Form 1120-POL for this year?

Table with columns Yes, No and row 37b with 'X' in the No column.

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Table with columns Yes, No and row 38a with 'X' in the No column.

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b N/A

Table with columns Yes, No and row 38b.

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

39a N/A

b Gross receipts, included on line 9, for public use of club facilities

39b N/A

Table with columns Yes, No and rows 39a, 39b.

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 NONE, section 4912 NONE, section 4955 NONE

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Table with columns Yes, No and row 40b with 'X' in the No column.

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

NONE

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization

NONE

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

Table with columns Yes, No and rows 40c, 40d, 40e with 'X' in the No column for 40e.

41 List the states with which a copy of this return is filed ILLINOIS

42a The organization's books are in care of LOWELL TOSCH Telephone no. 847-697-8800

Located at 100 S. HAWTHORNE STREET - ELGIN, IL ZIP + 4 60123

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

Table with columns Yes, No and row 42b with 'X' in the No column.

If "Yes," enter the name of the foreign country N/A

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside the U S ?

Table with columns Yes, No and row 42c with 'X' in the No column.

If "Yes," enter the name of the foreign country N/A

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43 N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44a with 'X' in the No column.

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with columns Yes, No and row 44b with 'X' in the No column.

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

Table with columns Yes, No and row 44c with 'X' in the No column.

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Table with columns Yes, No and row 44d.

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Table with columns Yes, No and row 45a with 'X' in the No column.

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Table with columns Yes, No and row 45b with 'X' in the No column.

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No  
46   X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

**47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No  
47   X

**48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48   X

**49a** Did the organization make any transfers to an exempt non-charitable related organization? 49a   X

**b** If "Yes," was the related organization a section 527 organization? 49b

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 0

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 0

**52** Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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: *Lowell Tosch* Date: *11/6/12*  
 Type or print name and title: *Lowell Tosch Executive Director*

**Paid Preparer Use Only**  
 Print/Type preparer's name: Steve Baustian Preparer's signature: *[Signature]* Date: *11/5/12* Check  if self-employed PTIN: P00952985  
 Firm's name: STEVE BAUSTIAN dba JMS ENTERPRISES Firm's EIN: 36-4341627  
 Firm's address: PO BOX 185 Sycamore, IL 60178 Phone no: 630-710-2121

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

HOUSING CONTINUUM, INC.

Employer identification number

36-3990758

**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 described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (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 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?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									0

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

Schedule A (Form 990 or 990-EZ) 2011

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	412,657	602,072	232,039	74,119	128,376	1,449,263
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	412,657	602,072	232,039	74,119	128,376	1,449,263
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						1,449,263

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	412,657	602,072	232,039	74,119	128,376	1,449,263
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	4,316	10,952	5,899	8,853	9,244	39,264
<b>11 Total support.</b> Add lines 7 through 10						1,488,527
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97.36%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	97.71%
<b>16a 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 checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 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"/>		
<b>18 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 III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II  
If the organization fails to qualify under the tests listed below, please complete Part II )

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**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

**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

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

PART II, LINE 10 - OTHER INCOME CONSISTS OF MANAGEMENT FEES FROM THE SCATTERED SITE RENTAL PROGRAM  
AND OTHER MISCELLANEOUS PROGRAM REVENUES

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

HOUSING CONTINUUM, INC.

36-3990758

FORM 990-EZ, PART I - LINE 10

This expense reflects the benefits paid for program recipients related to closing costs, rehab  
expenditures, and purchase of properties. Payments are not made directly to individuals.

FORM 990-EZ, PART I - LINE 16

Other expenses include administration allocation, insurance and other general expenses

FORM 990-EZ, PART II - LINE 24

Other assets are accounts and grants receivable

FORM 990-EZ, PART II - LINE 26

Liabilities are accounts payable.

\*\*\* END OF FORM \*\*\*