

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**

4

Oepartment of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

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)

black lung

and ending SEP 30, 2012

2011 Open to Public

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

OCT 1, 2011

Open to Public Inspection

В	Ch	eck if	C Name of organization	D Employer identifi	cation number
٢		Address	Housing Assistance Council		
ſ	\neg	change Name change	Doing Business As	52-0	939288
i R	\neg	Initial return	Number and street (or P 0 box if mail is not delivered to street address) Room/s		
	$\overline{}$	Termin- ated	1025 Vermont Avenue 606)842-8600
		Amended return	City or town, state or country, and ZIP + 4	G Gross receipts \$	35,156,065.
	$\overline{}$	Applica-	Washington, DC 20005	H(a) Is this a group re	
ক্ষে		pending	F Name and address of principal officer:Theodore Russell	for affiliates?	Yes X No
_			1025 Vermont Avenue NW , Suite 606, Washin	gt H(b) Are all affiliates inc	cluded? Yes No
<u> </u>				527 If "No," attach a	list (see instructions)
			▶ www.ruralhome.org	H(c) Group exemption	
				$rac{1971}{1}$	M State of legal domicile DC
ון ה	Par		ummary	nt numana ia	to improve
}	8	1 Br	efly describe the organization's mission or most significant activities: The exem	pt purpose is	to improve
	إ		ousing conditions for the rural poor, with		
	- Ke		eck this box I if the organization discontinued its operations or disposed of r	1	28
Ċ	8		imber of voting members of the governing body (Part VI, line 1a) imber of independent voting members of the governing body (Part VI, line 1b)	3	18
•	න් ග		tal number of individuals employed in calendar year 2011 (Part V, line 2a)	5	45
:	Activities & Governance		tal number of individuals employed in calendar year 2011 (r art v, line 2a)	6	0
;	1		tal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
•	⋖		t unrelated business taxable income from Form 990-T, line 34	7b	0.
_	_			Prior Year	Current Year
	ا ه	8 Cc	ontributions and grants (Part VIII, line 1h)	14,239,508.	10,159,521.
	n l	9 Pr	ogram service revenue (Part VIII, line 2g)	634,747.	793,930.
į	Hevenue		restment income (Part VIII, column (A), lines-3, 4, and 7d)	178,511.	590,845.
•		11 Ot	her revenue (Part vtil ဥတော်ကျ) (அ) hines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
_	-	12 To	tal revenue - add lines.8-through-11-(must equal Part VIII, column (A), line 12)	15,052,766.	11,544,296.
	- 1	13 Gr	ants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		14 Be	nefits paid to for Members (Part IX, column (A), line 4)	3,928,939.	3,640,488.
	Ses	15 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5·10)	3,920,939.	0.
	Expenses	10a Pr	ofessional fundraising (tes) (Part IX, column (A), line 11e) tal fundraising-expenses (Part IX, column (D), line 25)		•
L	Ĕ		her expenses (Part IX, column (J), line 25) her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,984,438.	7,434,259.
	1		tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,913,377.	
			evenue less expenses. Subtract line 18 from line 12	2,139,389.	
7	8			Beginning of Current Year	End of Year
sets	198	20 To	tal assets (Part X, line 16)	55,806,429.	57,153,163.
AS	B		tal liabilities (Part X, line 26)	16,124,558.	
Š			t assets or fund balances. Subtract line 21 from line 20	39,681,871.	40,002,009.
Ц	Par		Signature Block		
Ξ.			s of perjury, I declare that I have examined this return, including accompanying schedules and st		ny knowledge and belief, it is
g <u>tr</u>	ue, c	correct, a	nd complete Declaration of preparer (other than officer) is based on all information of which prep	parer has any knowledge	
) _			Signature of officer	15-14.	./3
1	ign			Date	
H	lere		Moises Lozal, Executive Director Type or print name and title	·	
-		— <u>"</u>	rint/Type preparer's name Preparer's signature	Date Check	PTIN
P	aid		eyissa Ghenene Weny Jersta	5 13 20 B " self-employ	P01469189
	repa		rm's name Ghenene & Associates, CRAS	Firm's EIN	52-1758168
	se O		rm's address 4800 Hampden Lane, Suite 200)		
			Bethesda, MD 20814	Phone no (301)565-4221
M	lay 1	the IRS	discuss this return with the preparer shown above? (see instructions)		Yes No

SCANNED HIN I DAY

	1990 (2011) Housing Assistance Council	52-0939288	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	Briefly describe the organization's mission:		
	The exempt purpose is to improve housing conditions for	the rural	
	poor, with emphasis on the poorest of the poor in the mo		
	places. HAC helps local public, private and nonprofit of		ns
	build affordable homes in rural America by providing bel		
2	Did the organization undertake any significant program services during the year which were not listed on		
-	the prior Form 990 or 990-EZ?		s X No
	• • • • • • • • • • • • • • • • • • • •	ıı re:	SIALINO
_	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?	Ye:	s 🗓 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		
	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 \$ 5,685,603. including grants of \$) (Revenue		<u>,363.</u>)
	The tasks undertaken in FY 2011 were lending to low-inco	ome housing	
	projects and administering several revolving loan funds	for low-ind	come
	housing projects		
		<u> </u>	
		····	
			
4b	(Code) (Expenses \$3, 439, 505. including grants of \$) (Revenue)		<u>,735.</u>)
	The Organization also provided training and technical as		
	rural housing issues to various community groups through	nout the US	•
			·- <u>-</u>
4c	(Code) (Expenses \$ 539,242. including grants of \$) (Revenue		<u>,832.</u>)
	Research on subjects related to the housing conditions of	of the rura	<u>1</u>
	poor.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ▶ 9,664,350.		
		Form	990 (2011)
13200: 02-09-	2 12		,

Form 990 (2011) Housing Assistance Council
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			v
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X_
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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 167 If "Yes," complete Schedule D, Part IX	11d	v	Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f		11f		х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI, XII, and XIII	12a	Х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Х	
13	and the control of th	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		Х
4.0	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		A
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	l	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
•	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	(0044)

Form **990** (2011)

Form 990 (2011) Housing Assistance Council
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			ĺ
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			.,
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u> _
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			•
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	
	Schedule J	23	Λ_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		х
	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
b	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	and the second s			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		.,	1
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X	ļ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		ľ	x
	of any of these persons? If "Yes," complete Schedule L, Part III	27		A
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		
_	Instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
a b	and the second of the second o	28b		X
C	the state of the s			
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	l		
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	-	A
34	Was the organization related to any tax-exempt or taxable entity?	34	Х	
250	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a b	The state of the s	000		
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2011)

132004 01-23-12

Form 990 (2011)

14a

Х

13c

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

Par	tVI Governance, Management, and Disclosure For each "Yes" response to lines 2 the to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	_	"No" re	espons	se			
	Check if Schedule O contains a response to any question in this Part VI				X			
Sec	ion 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 28						
	If there are material differences in voting rights among members of the governing body, or if the governing			1				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O							
ь	Enter the number of voting members included in line 1a, above, who are independent	1b 18						
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		<u>X</u>			
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?		3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 was filed?	4		<u>X</u>			
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
6	Did the organization have members or stockholders?		6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ag	opoint one or						
	more members of the governing body?		7a		<u>X</u>			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or						
	persons other than the governing body?		7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following		.,				
a	The governing body?		8a	X				
Ь	Each committee with authority to act on behalf of the governing body?		8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	iched at the			v			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		<u>X</u>			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)		Yes	Na.			
	O the second of		10a	162	No X			
	Did the organization have local chapters, branches, or affiliates?	hantora offiliatos	IVa					
D	If "Yes," did the organization have written policies and procedures governing the activities of such city that the granting that t	napters, animates,	10b					
44.	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body.	ly before filing the form?	11a	Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ly belote thing the form						
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х				
_	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?	12b	Х				
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y		1					
·	In Schedule O how this was done	(3)	12c		Х			
13	Did the organization have a written whistleblower policy?		13	Х				
14	Did the organization have a written document retention and destruction policy?		14	Х				
15	Did the process for determining compensation of the following persons include a review and approv	al by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official		15a	X				
b	Other officers or key employees of the organization		15b	X	<u></u>			
	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 arrange	ment with a						
	taxable entity during the year?		16a	ļ	X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its participation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organical statements are steps to safeguard the organical statements.	nization's						
	exempt status with respect to such arrangements?		16b	1	<u> </u>			
<u>Sec</u>	tion C. Disclosure		_					
17	List the states with which a copy of this Form 990 is required to be filed None							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	I (Section 501(c)(3)s only)	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request	en a e a e e	6: - :	1				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, continuous con	onflict of interest policy, ar	ia tinai	ncial				
	statements available to the public during the tax year.	۱۵ ما	٠ ا					
20	State the name, physical address, and telephone number of the person who possesses the books a	ing records of the organiza	mon:					
	The Corporation - 202-842-8600 1025 Vermont Avenue, NW, Washington, DC, # 600 2	20005						
13200			Form	990	(2011)			
01-23	12				··/			

Form 990 (2011)

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	ю́ох	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Twila Martin-Kekahbah									_	_
Board Chair	0.60	Х		Х	<u> </u>	<u>L</u>		0.	0.	0.
(2) Polly Nichol]			}	}	1			
Board President	1.00	Х	<u> </u>	X	ļ	ļ		0.	0.	0.
(3) Andrew Bias		l								_
Vice President	0.60	X	ļ	X	ļ_	<u> </u>		0.	0.	0.
(4) Sandra Ferniza	0.60									_
Secretary	0.60	X		X	├	-	_	0.	0.	0.
(5) Richard Tucker	0.60	,,		,,	ļ					_
Treasurer	0.60	Х		X	-	-	-	0.	0.	0.
(6) Peter Carey	1 00	v			1			0.	0.	0.
Board of Director	1.00	X		 	 	┼—		0.	0.	
(7) Robert Calvillo	0.80	х						0.	0.	0.
Board of Director	0.00	^	-		├-	+-	-	0.	- 0.	
(8) William Powers	0.50	Х		ļ				0.	0.	0
Board of Director (9) Pedro Rodriguez	0.30	Λ	 	╢	┼─	┼─	\vdash			
Board of Director	0.60	X						0.	0.	0
(10) Irene Sikelianos	- 0.00				├	 	-			
Board of Director	0.60	X			İ			0.	0.	0 .
(11) Lauriette West-Hoff					1 -	 	_			
Board of Director	0.90	X						0.	0.	0.
(12) Swynice Hawkins			1			T	<u> </u>			
Board of Director	0.60	X						0.	0.	0.
(13) Dave Lollis	-									
Board of Director	0.30	X					L	0.	0.	0
(14) Arturo Lopez										
Board of Director	0.60	X	L	L	<u></u>			0.	0.	0.
(15) Maria Luisa Mercado										
Board of Director	0.30	Х	L_		<u> </u>	<u> </u>	_	0.	0.	0.
(16) Gideon Anders										_
Board of Director	0.80	X	<u>L</u>	<u> </u>	<u> </u>	<u> </u>	1	0.	0.	0
(17) Joe Debro										
Board of Director	0.30	<u> </u>		<u>L</u>	<u></u>	<u> </u>		0.	0.	0 Form 990 (2011

132007 01-23-12

Form 990 (2011)

132008 01-23-12

Form 990 (2011) Housing	Assista	100	<u>e (</u>	Cou	ınc	ci.	<u>L</u>		52-093	9288
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nple	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours per			(C Pos	C) Ition			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week	Individual fusible or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) Theodore Russell Asst. Treasurer/ Director	40.00			Х				95,270.	0.	19,988
(28) Joseph Belden Assistant Secretary	40.00			v	х	v		169,728.	0.	1,607
(29) Moises Loza		-	-	^						
Board of Director	40.00			_	X	Х		210,721.	0.	16,147
							ļ —			
										-
· -		_					_			
		-				-				
					-	_				
					_					
Total to Part VII, Section A, line 1c								475,719.		37,742

Part	4 141	Statement of Rever	140		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
물달 1	a	Federated campaigns	1a				······································	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	·				
Am Am	C	Fundraising events	1c					
<u>ē</u> .ē	d	Related organizations	1d					
Si'E		Government grants (contribut	·	710,461.				
흥합	f	All other contributions, gifts, gran		440 060				
골됨		similar amounts not included abo		449,060.		-		
<u> </u>	_	Noncash contributions included in lines	s 1a-1f \$		10159521.			
9	<u>n</u>	Total. Add lines 1a-1f	-	Business Code			 	
0 2) a	Loan interest &	fees	900099	621,880.	621,880.		
ر کج		Conferences		900099	88,735.	88,735.		
Ser		Other Income	•	900099	55,716.	55,716.		
e a		Gain from Subsi	ldiary	900003	14,767.	14,767.		
Program Service Revenue	e	Publications &	wkshops	900099	12,832.	12,832.	·	
چ	f	All other program service reve	enue					
	g Total. Add lines 2a-2f			793,930.				
3	3	Investment income (including	dıvıdends, inter	est, and	665 107			665 107
		other similar amounts)		•	665,197.		_	665,197.
4		Income from investment of ta	x-exempt bond p	proceeds				
5	5	Royalties	0.51	(1) D			······································	
		0	(i) Real	(II) Personal				
'	3 a	Gross rents .						
		Less: rental expenses Rental income or (loss)						
		Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(II) Other				
'		assets other than inventory	23537417					
	ь	Less: cost or other basis						
		and sales expenses	23611769					
	c	Gain or (loss)	<74,352.					
	d	Net gain or (loss)		>	<74,352.	>		<74,352.
٤ يو	8 a	Gross income from fundraising						
<u> </u>		including \$						
Other Revenue		contributions reported on line	e 1c). See					
<u>je</u>		Part IV, line 18	a	-				
ਰੋ		Less: direct expenses Net income or (loss) from fundamental transfer from the companion of	b drajajna avanta					
,		Gross income from gaming a	=					
'	<i>5</i> a	Part IV, line 19	a a					
	ь	Less: direct expenses	b					
		Net income or (loss) from gan	ning activities	•				<u> </u>
10		Gross sales of inventory, less						
		and allowances	а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	es of inventory	>				
		Miscellaneous Revent	ue	Business Code				
11	1 a							-
	b							-
	С					 		
	d	All other revenue		L				1
,.		Total rayarya Sas patruatuas			11544296.	793,930.	0	590,845.
132009 01-23-12		Total revenue. See instructions			11017200	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Form 990 (2011)

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 respon not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
_	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,	İ			
	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,	690,860.	515,013.	175,847.	
	trustees, and key employees	030,000.	313,013.	1/3/04/6	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2,142,042.	1,580,044.	561,998.	
7	Other salaries and wages	2,172,072.	1,500,044.	30173300	
8	Pension plan accruals and contributions (include	107,599.	72,052.	35,547.	
^	section 401(k) and section 403(b) employer contributions)	490,013.	328,129.	161,884.	
9	Other employee benefits	209,974.	140,606.	69,368.	
10	Payroll taxes	203/3/40	110/000.	03,000.	
11	Fees for services (non-employees):				
a	Management	60,228.	54,837.	5,391.	
D	Legal	75,000.	68,286.	6,714.	
C.	Accounting	73,000.	00/2001	0,7110	
d	Lobbying Professional fundamenta converse See Bart IV line 17				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9		-			
12	Advertising and promotion	93,338.	80,331.	13,007.	
13 14	Office expenses Information technology	3373300	00/0021		
15	Royalties				
16	Occupancy	469,462.	371,421.	98,041.	
17	Travel	251,505.	143,973.	107,532.	· · · · · · · · · · · · · · · · · · ·
18	Payments of travel or entertainment expenses				-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	314,952.	314,952.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,713.	8,692.	3,021.	
23	Insurance	, <u> </u>			
24	Other expenses Itemize expenses not covered		·		
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	SHOP loans converted to	3,958,032.	3,958,032.		
b	Pass-throughs	1,101,934.	1,101,934.		
c	Other professional fees	370,333.	337,182.	33,151.	
d	Equipment lease & Maint	156,715.	129,037.	27,678.	
	All other expenses	571,047.	459,829.	111,218.	
25	Total functional expenses. Add lines 1 through 24e	11,074,747.	9,664,350.	1,410,397.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

132010 01-23-12

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			37,092.	1	90,390.
	2	Savings and temporary cash investments			29,163,222.	2	32,039,956.
	3	Pledges and grants receivable, net			3,821,383.	3	2,760,117.
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, di	ectors	s, trustees, key			
		employees, and highest compensated employee	es. Co	mplete Part II			
	•	of Schedule L				5	
	6	Receivables from other disqualified persons (as	define	d under section			
		4958(f)(1)), persons described in section 4958(c)	and contributing				
	Ì	employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
,		employees' beneficiary organizations (see instru	ctions) [6	
Assets	7	Notes and loans receivable, net			20,478,139.	7	20,088,070.
As	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges	44,098.	9	135,768.		
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D	10a	128,051.			
	ь	Less: accumulated depreciation	10b	100,721.	39,042.	10c	27,330.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line		1,439,602.	13	1,458,208.	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			783,851.	15	553,324.
	16	Total assets. Add lines 1 through 15 (must equa	al line	34)	55,806,429.	16	57,153,163.
	17	Accounts payable and accrued expenses	503,020.	17	621,866.		
	18	Grants payable		18			
	19	Deferred revenue	52,558.	19	51,420.		
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete f	Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, director					
į		highest compensated employees, and disqualific	ed per	sons. Complete Part II	11 761		10 761
_		of Schedule L			11,761.	22	12,761. 16,444,544.
	23	Secured mortgages and notes payable to unrela		·	15,536,546.	23	16,444,544.
	24	Unsecured notes and loans payable to unrelated		•		24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	17-24). Complete Part X of	20 672		20 562
		Schedule D		ł	20,673. 16,124,558.		20,563. 17,151,154.
	26	Total liabilities. Add lines 17 through 25		[V]	10,124,556.	26	17,131,134.
40		Organizations that follow SFAS 117, check he	ere -	and complete			
Ses		lines 27 through 29, and lines 33 and 34.			11,003,489.		8,106,581.
lan	27	Unrestricted net assets		}	17,903,079.	27	20,299,125.
Ba	28	Temporarily restricted net assets		}	10,775,303.	28	11,596,303.
P	29	Permanently restricted net assets	1- I -		10,773,303.	29	11,330,303.
F		Organizations that do not follow SFAS 117, ch	1eck r	ere 🕨 📖 and			
s;	20	complete lines 30 through 34.				20	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		-		30	
t As	31	Paid-in or capital surplus, or land, building, or eq			 	31 32	
Net	32	Retained earnings, endowment, accumulated in	come,	or other tunas	39,681,871.	32	40,002,009.
	33 34	Total liabilities and not assets/fund balances		}	55,806,429.		57,153,163.
	J -+	Total liabilities and net assets/fund balances			33,000,423.	J-4	Form 990 (2011)

Form **990** (2011)

Form	990 (2011) Housing Assistance Council	52-	0939288	Pa	ge 12
100	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,54		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,07		
3	Revenue less expenses. Subtract line 2 from line 1	3			49.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,68		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			11.
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	40,00	<u>2,0</u>	<u>09.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				ᆜ
			F	Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a_	L	X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	₩
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	İ		İ
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	ļ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a	1		
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc			
	Act and OMB Circular A-133?		3a_	X	↓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud		1,,	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b	X	<u> </u>
			Form	990	(2011)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

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.

Open to Public Inspection

Name o	f the organizati	ion						E	mployer i	dentification number		
			Assistance					52-0939288				
Part	Reason	for Public Chari	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.				
The org	anization is not a	a private foundation l	because it is: (For lines	1 through ⁻	11, check d	only one b	ox.)					
1	-		s, or association of chur		ribed in se	ction 170	(b)(1)(A)(i)	•				
2	A school des	scribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 ⊨			tal service organization						=			
4			operated in conjunction	with a hos	pital descr	ibed in se	ction 170	(b)(1)(A)(i	ii). Enter th	ne hospital's name,		
	city, and stat					4						
5			benefit of a college or u	niversity ov	wnea or op	perated by	a governr	nentai un	it describe	a in		
• [¬	(b)(1)(A)(iv). (Comple		4		- 470/h\/d	VAV6-3					
6 ∟ 7 🔯	-	=	ent or governmental uni					r from the	a gonoral n	whice described in		
, (2)	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	- 1	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											
	•	•	nctions - subject to certa									
			axable income (less sec									
		509(a)(2). (Complete										
10 🗀	An organizat	ion organized and op	perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	l).				
11 🗀			perated exclusively for the									
	more publicly	y supported organiza	itions described in secti	on 509(a)(1) or section	on 509(a)(2	?). See se c	tion 509	(a)(3). Che	ck the box that		
			organization and compl						. —			
_	_ a Ll Type		_ ,,	с ∐ Тур		•	-		d L	Type III - Other		
e			t the organization is not									
			han one or more publicl						9(a)(1) or s	section 509(a)(2).		
f	_		ten determination from	tne IHS tha	atitisa iy	pe i, Type	ii, or Type)				
~	, ,	rganization, check th	rganization accepted a	ay aift or c	ontribution	from any	of the follo	owina nei	rsons?			
9			rectly controls, either a							Yes No		
			upported organization?	iono or tog	00.	po.000 c		(,	()	11g(i)		
	•	- •	described in (i) above?	•						11g(ii)		
		•	person described in (i)		e?					11g(iii)		
h			about the supported or									
(i) Nai	ne of supported	(ii) EIN	(iii) Type of		organization			(vl) I organizat	s the	(vii) Amount of		
0	rganization		organization (described on lines 1-9	in col (i) li	sted in your document?	organizat	IOU IU COI	(i) organi	zed in the	support		
			above or IRC section					\', ~U !				
			(see instructions))	Yes	No	Yes	No	Yes	No			
									1			
				1	 			 	 	· · · · · · · · · · · · · · · · · · ·		
								1				
				<u> </u>	 				† †	- <u> </u>		
		1										
				ļ	ļ		ļ		ļl			
<u>Total</u>		L	L	1	1		<u> </u>	<u> </u>				
	•	eduction Act Notice	, see the Instructions f	or				Schedu	le A (Forn	n 990 or 990-EZ) 2011		
Form 9	90 or 990-EZ.											
132021												
01-24-12					1.4							

2011.05050 Housing Assistance Council HAC___1

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support			 			
Cale	ndar 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.")	10337451.	9536574.	14006415.	14239508.	10159521.	58279469.
2	Tax revenues levied for the organ-						
	ızation'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	10337451.	9536574.	14006415.	14239508.	10159521.	58279469.
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						58279469.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning In)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	10337451.	9536574.	14006415.	14239508.	10159521.	58279469.
8	Gross income from interest,				"		
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1111401.	681,655.	228,119.	178,511.	590,845.	2790531.
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11							61070000.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12 3	8,822,021.
	First five years. If the Form 990 is fo			rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and sto	p here					<u>▶</u>
Se	ction C. Computation of Pub	lic Support Pe	rcentage				
14	Public support percentage for 2011 ((line 6, column (f) d	ivided by line 11,	column (f))		14	95.43 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14			15	90.92 %
16a	33 1/3% support test - 2011. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or i	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	า			ightharpoons X
t	33 1/3% support test - 2010. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check t	his box
	and stop here. The organization qua	lifies as a publicly :	supported organiz	ation			▶
17a	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and stop l	here. Explain in Pa	rt IV how the orga	nization
	meets the "facts-and-circumstances"						
t	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir						▶ 🛄
18	Private foundation. If the organization						ns 🕨 🗀
							0 or 990-EZ) 2011

132022 01-24-12

THE COLOR OF COLUMN			
Part III Support Schedul	e for Organizations	Described in Section	on 509(a)(2)

	2) 2011 (f) Total
2010 (e	(f) Total
2010 (e) 2011 (f) Total
	
ı	
	
	
2010 (e	e) 2011 (f) Total
as a section 501(d	c)(3) organization,
	▶[
15	
16	
17	
18	
ore than 33 1/39	%, and line 17 is not
ed organization	▶□
and see instruction	ons ▶L
as as	s a section 501(c) 15 16 17 18 ore than 33 1/39 d organization a 16 is more than licly supported co

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► See separate instructions.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

lame of organ	01(c)(4), (5), or (6) organizati nization			Emp	loyer identification numbe
3		Assistance Coung	cil		52-0939288
Part I-A	Complete if the org	anization is exempt und	er section 501(c	or is a section 527	
 Provide a Political e Volunteer 	expenditures	ation's direct and indirect politica	al campaign activities	in Part IV. ▶	\$
Part I-B	Complete if the org	anization is exempt und	er section 501(c)(3).	
		ncurred by the organization und		>	\$
2 Enter the	amount of any excise tax i	ncurred by organization manage	ers under section 495	5	\$
3 If the orga	anization incurred a section	4955 tax, did it file Form 4720	for this year?		Yes No
	rrection made?				Yes No
	describe in Part IV.	anization is exempt und	or section 501/c	Nevcent section 501	(c)(3)
Part I-C		by the filing organization for sec			\$
		zation's funds contributed to other			¥
	unction activities		nor organizations for	>	\$
•		Add lines 1 and 2. Enter here a	nd on Form 1120-PO	L,	• • • • • • • • • • • • • • • • • • • •
line 17b	•				\$
4 Did the fil	ling organization file Form	1120-POL for this year?		•	Yes No
Did the fillEnter the made pay contribut	ling organization file Form names, addresses and em yments. For each organizat lions received that were pro		N) of all section 527 p d from the filing organ a separate political or	political organizations to whaization's funds. Also enter ganization, such as a sepai	Yes Noncontrol Noncont
Did the fillEnter the made pay contribut	ling organization file Form names, addresses and em yments. For each organizat lions received that were pro	1120-POL for this year? Iployer identification number (Ellion listed, enter the amount paid mothly and directly delivered to a	N) of all section 527 p d from the filing organ a separate political or	political organizations to whaization's funds. Also enter ganization, such as a sepai	yes Note the filing organization the amount of political rate segregated fund or a (e) Amount of political contributions received an
Did the fillEnter the made pay contribut	ling organization file Form names, addresses and emyments. For each organizations received that were proaction committee (PAC). If a	1120-POL for this year? Iployer identification number (Ellion listed, enter the amount paid Imptly and directly delivered to a Idditional space is needed, prov	N) of all section 527 p d from the filing organ a separate political or ide information in Pai	political organizations to who sization's funds. Also enterganization, such as a separt IV. (d) Amount paid from filing organization's	yes Note the filing organization the amount of political rate segregated fund or a (e) Amount of political contributions received an promptly and directly delivered to a separate political organization.
Did the fillEnter the made pay contribut	ling organization file Form names, addresses and emyments. For each organizations received that were proaction committee (PAC). If a	1120-POL for this year? Iployer identification number (Ellion listed, enter the amount paid Imptly and directly delivered to a Idditional space is needed, prov	N) of all section 527 p d from the filing organ a separate political or ide information in Pai	political organizations to who sization's funds. Also enterganization, such as a separt IV. (d) Amount paid from filing organization's	yes Note the filing organization the amount of political rate segregated fund or a (e) Amount of political contributions received an promptly and directly delivered to a separate political organization.
Did the fillEnter the made pay contribut	ling organization file Form names, addresses and emyments. For each organizations received that were proaction committee (PAC). If a	I120-POL for this year? Iployer identification number (Ellion listed, enter the amount paid Imptly and directly delivered to a Idditional space is needed, prov	N) of all section 527 p d from the filing organ a separate political or ide information in Pai	political organizations to who sization's funds. Also enterganization, such as a separt IV. (d) Amount paid from filing organization's	yes Note the filing organization the amount of political rate segregated fund or a (e) Amount of political contributions received an promptly and directly delivered to a separate political organization.
Did the fillEnter the made pay contribut	ling organization file Form names, addresses and emyments. For each organizations received that were proaction committee (PAC). If a	I120-POL for this year? Iployer identification number (Ellion listed, enter the amount paid Imptly and directly delivered to a Idditional space is needed, prov	N) of all section 527 p d from the filing organ a separate political or ide information in Pai	political organizations to who sization's funds. Also enterganization, such as a separt IV. (d) Amount paid from filing organization's	(e) Amount of political contributions received an promptly and directly delivered to a separate political organization.
Did the fillEnter the made pay contribut	ling organization file Form names, addresses and emyments. For each organizations received that were proaction committee (PAC). If a	I120-POL for this year? Iployer identification number (Ellion listed, enter the amount paid Imptly and directly delivered to a Idditional space is needed, prov	N) of all section 527 p d from the filing organ a separate political or ide information in Pai	political organizations to who sization's funds. Also enterganization, such as a separt IV. (d) Amount paid from filing organization's	(e) Amount of political contributions received an promptly and directly delivered to a separate political organization.
Did the fillEnter the made pay contribut	ling organization file Form names, addresses and emyments. For each organizations received that were proaction committee (PAC). If a	I120-POL for this year? Iployer identification number (Ellion listed, enter the amount paid Imptly and directly delivered to a Idditional space is needed, prov	N) of all section 527 p d from the filing organ a separate political or ide information in Pai	political organizations to who sization's funds. Also enterganization, such as a separt IV. (d) Amount paid from filing organization's	yes Note the filing organization the amount of political rate segregated fund or a (e) Amount of political contributions received an promptly and directly delivered to a separate political organization.

132041 01-27-12

_ _

2011.05050 Housing Assistance Council HAC_____

Schedule C (Form 990 or 990-EZ) 2011 Ho	ousi	ng Ass	istance Cou	ncil	52-0	939288 Page 2
Part II-A Complete if the organ	nizatio	n is exen	npt under section	n 501(c)(3) and file		
(election under section	on 501	(h)).				
A Check ► if the filing organization	n belong	gs to an affil	ated group (and list in	Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share	of exces	s lobbying e	expenditures).			
B Check ▶ if the filing organization	n check	ed box A an	d "limited control" pro	visions apply.		
		ying Exper eans amou	nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
						
1a Total lobbying expenditures to influe	•	-		-		
b Total lobbying expenditures to influe			ly (direct lobbying)			
c Total lobbying expenditures (add line	es ra and	(טו ג		ŀ		
d Other exempt purpose expenditures	add lina	o 10 and 1d	۸	-		
e Total exempt purpose expenditures	•		•	h columns		
f Lobbying nontaxable amount. Enter		*	bying nontaxable am			
If the amount on line 1e, column (a) or (Not over \$500,000	u) is.		the amount on line 1e.	11		
	200		0 plus 15% of the exc			
Over \$500,000 but not over \$1,000,0			0 plus 10% of the exc			
Over \$1,500,000 but not over \$1,500			0 plus 5% of the exce			
Over \$17,000,000	30,000	\$1,000,0		33 0461 41,300,000.		
Over \$17,000,000		φι,οοο,ι	000.			
g Grassroots nontaxable amount (ente	r 25% o	f line 1f)	·			
h Subtract line 1g from line 1a. If zero				Ī	-	
i Subtract line 1f from line 1c. If zero c						
j If there is an amount other than zero	•		line 1), did the organiza	ation file Form 4720		. '
reporting section 4911 tax for this ye		,, ,,,,,	into the discussion			Yes No
roporting cootion for the total time ye		4-Year Ave	eraging Period Under	Section 501(h)		
(Some organizat	ions tha			n do not have to comp	lete all of the five	
colu				s 2a through 2f on pa	ge 4.)	
	Lobi	ying Exper	nditures During 4-Yea	ar Averaging Period		·
Calendar year (or fiscal year beginning in)	(a) :	2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					······································	
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 Housing Assistance Council 52-093928 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)	
	o lobbying activity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or				·····
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of: Volunteers?		x		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		Х		
	Mailings to members, legislators, or the public?		Х		
	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		Х		
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		9	,942.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		Х		040
j	Total Add lines 1c through 1i	ļ	ļ	9	,942.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	ļ			
1	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	on 501/c)(5) or se	ction	
Fai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	011 00 1(0	,,o,, or so		
	301(0)(0).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		· · · · · · · · · · · · · · · · · · ·
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		
-	t III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)(5), or se	ction	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	IO "oN" b	R (b) Part	III-A, line	e 3, is
	answered "Yes."				
1	Dues, assessments and similar amounts from members		1		_
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).				
a	Current year		2a	-	
b	Carryover from last year		2b_		
C	Total .		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3_	-	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	4		
_	expenditure next year?		5		
***********	Taxable amount of lobbying and political expenditures (see instructions) IV Supplemental Information			<u>. </u>	
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F	Part II.A: and	Part II-B III	ne 1 Also c	omplete
	part for any additional information.	art ii A, aric	, a, t ii b, iii	10 1.7400, 0	omploto
Pai	ct II-B, Line 1, Lobbying Activities:				
		_			
Sta	aff held various meetings with Congressional staff	advoc	ating	for	
fu	nding for the Housing Assistance Council and for fe	ederal	rural		·
<u>ho</u> ı	sing programs. HAC staff responded to inquiries	from	Congre	ssiona	1
mer	mbers and staff to provide (a) information on rur	al hou	sing p	rogram	າຣ
	d other rural issues, and (b) testimony on rural hor	using	needs	and	
			ule C (Form		-EZ) 2011

Schedule C	(Form 990 or 990-EZ) 2011 Housing Assistance Council	52-0939288 Page 4
Part IV	(Form 990 or 990-EZ) 2011 Housing Assistance Council Supplemental Information (continued)	
progra	ms.	
		
	 	
		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number Housing Assistance Council 52-0939288 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		, or Acci	ourits. Complete if the	10
	organization answered Tes to Control of Cartify, line	(a) Donor advised funds	(b) F	unds and other accou	ints
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 advis	sed funds		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring		
	impermissible private benefit?			Yes	No
Par	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, F	art IV, line	7.	
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).			
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an his	storically in	nportant land area	
	Protection of natural habitat	Preservation of a cert	tified histor	ic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conse	ervation easement on t	he last
	day of the tax year.				
				Held at the End of th	e Tax Year
a	Total number of conservation easements		28	а	
b	Total acreage restricted by conservation easements		21	b	
c	Number of conservation easements on a certified historic str	ructure included in (a)	20	c	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure		
	listed in the National Register		20	d	
3	Number of conservation easements modified, transferred, ref	leased, extinguished, or terminated by the	e organizat	tion during the tax	
	year ▶				
4	Number of states where property subject to conservation ea	sement is located >			
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it	t holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	Juring the y	/ear ▶	
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	ve satisfy the requirements of section 170)(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expense	e statemen	it, and balance sheet,	and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organi	zation's accounting fo	r
(1000000000000000000000000000000000000	conservation easements.				
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Sin	nilar Assets.	
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and b	palance sheet works o	f art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furthera	ince of pub	olic service, provide, ir	Part XIV,
	the text of the footnote to its financial statements that descri				
þ	, ,				
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	iblic service	e, provide the followin	g 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 tre		al gain, pro	vide	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	_		
a	Revenues included in Form 990, Part VIII, line 1	•		\$	
ь	Assets included in Form 990, Part X		•	\$	

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

Schedule D (Form 990) 2011

,,,,	Assistance							Page 2
Part III Organizations Maintaining C								
3 Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	are a s	ignificant use of its	collection	items
(check all that apply)								
a Public exhibition	d		oan or excl	nange progran	ns			
b Scholarly research	е		Other					
c Preservation for future generations								
4 Provide a description of the organization's co							rt XIV.	
5 During the year, did the organization solicit or					simıla	r assets	-	
to be sold to raise funds rather than to be ma					_		Yes	No
Part IV Escrow and Custodial Arrange reported an amount on Form 990, Par	-	ete if the	organizatio	n answered "\ 	es" to	Form 990, Part IV,	line 9, or	
1a Is the organization an agent, trustee, custodi	an or other intermed	lary for o	contribution	s or other ass	ets not	ıncluded		
on Form 990, Part X?							Yes	No
b If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	able:					
							Amount	
c Beginning balance						1c		
d Additions during the year						1d		
e Distributions during the year						1e		
f Ending balance						1f		
2a Did the organization include an amount on Fo	orm 990, Part X, line	21?					Yes	No
b If "Yes," explain the arrangement in Part XIV.								
Part V Endowment Funds. Complete I	f the organization an	swered	"Yes" to Fo	rm 990, Part I	/, line	10.		
	(a) Current year		rior year	(c) Two years		(d) Three years back	(e) Four	years back
1a Beginning of year balance								
b Contributions								
c Net investment earnings, gains, and 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 curr	rent vear end balanc	e (line 1	a. column (a	a)) held as:				
a Board designated or quasi-endowment	, • , •	%	•	"				
b Permanent endowment ▶	 %							
c Temporarily restricted endowment ▶	^ %							
The percentages in lines 2a, 2b, and 2c shou								
3a Are there endowment funds not in the posses		ation tha	nt are held a	ind administer	ed for	the organization		
by:	osion of the organiz	411011 1110	., ., . , , , , , ,			g		Yes No
(i) unrelated organizations							3a(i)	
(ii) related organizations							3a(ii)	
b If "Yes" to 3a(ii), are the related organizations	e listed as required o	n Schen	lule R2				3b	
							1	
Part VI Land, Buildings, and Equipm								
	(a) Cost or o			t or other	(c) (Accumulated	(d) Boo	k value
Description of property	basis (investr			(other)		epreciation	(u , 500	
1a Land								
b Buildings								
c Leasehold improvements				0 051		100 701		7 220
d Equipment			12	8,051.		100,721.		7,330
e Other								7 333
Total. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colun	nn (B), line	10(c).)				7,330
TOTAL TOTAL		. ,	,_,,			Schedu	le D (Forn	990) 20

	dule D (Form 990) 2011 Housing Assistance Council					<u>0939288</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Financial	State	men		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			11,544	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			11,074	,747.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			469	,549.
4	Net unrealized gains (losses) on investments		4			<149	,411.
5	Donated services and use of facilities		5				
6	Investment expenses		6				
7	Prior period adjustments		7				
8	Other (Describe in Part XIV.)		8				
9	Total adjustments (net). Add lines 4 through 8		9			<149	,411.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9	10	,		320	,138.
Par	XII Reconciliation of Revenue per Audited Financial Stateme	ents Wi	th Revenue	per R	letur		
1	Total revenue, gains, and other support per audited financial statements				1	11,401	,688.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				-		•
a	Net unrealized gains on investments	2a	<149,	411.	>		
b	Donated services and use of facilities	2b			1		
c	Recoveries of prior year grants	2c			1		
ď	· · · · · ·	2d			1		
	Other (Describe in Part XIV.) Add lines 2a through 2d				2e	<149	.411
_	Subtract line 2e from line 1				3	<149 11,551	.099
3						11,551	, 0,,,,
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	<u> </u>	803.	\		
b	Other (Describe in Part XIV)	40		003.	٦	<6	,803.
_	Add lines 4a and 4b				4c 5	11,544	296
5 Do:	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Statem	onto M	ith Expans	20. 000			, 200.
		ients v	illi Expense	ss her		11,081	550
1	Total expenses and losses per audited financial statements				1	11,001	, 550.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1					
а	Donated services and use of facilities	2a			4		
þ	Prior year adjustments .	2b			4		
C	Other losses .	2c			-		
d	Other (Describe in Part XIV.)	_2d			4		•
e	Add lines 2a through 2d				2e	11 001	<u> </u>
3	Subtract line 2e from line 1				3	11,081	<u>,550.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b	<u> </u>	803.	>	_	
c	Add lines 4a and 4b				4c		<u>,</u> 803.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		·		5	11,074	<u>,747.</u>
Pa	t XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1	a and 4; Part IV	, lines 1	b and	2b; Part V, line	4; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	plete this	part to provide	any ad	ditiona	al information.	
990	- Part X, Line 13 - Investment- program	relat	ted incl	udes	(a	.)	
Inv	vestment in Rural Housing Services, Inc. a	ıt Eqı	ıity \$57	3,05	66 a	.nd (b)	land
acc	<u>uired through foreclosure \$885,152 valued</u>	l at u	unpaid l	oan	bal	ance (n	et
<u>of</u>	provision for unrealized losses).						
				_	_		
			·	_			
				_		-	
					-		
					Sche	dule D (Form 9	990) 2011

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

Housing Assistance Council

Employer identification number 52-0939288

1	art 1 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.			
	First-class or charter travel Housing allowance or residence for personal u	ıse		
	Travel for companions Payments for business use of personal reside	nce		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1ь		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directo	rs.		
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
	the coopy and the electron breathy regarding the name of several interval			
3	indicate which, if any, of the following the filing organization used to establish the compensation of the organization	's		
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization t	i i		
	establish compensation of the CEO/Executive Director. Explain in Part III.	<u> </u>		
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation compensati	nittee		
	Tomicos of state organizations			
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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b		4b	†	X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	1	X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		1	ļ
	The storage of lines 4a c, list the persons and provide the applicable amounts for each tom in a dit in.			
	Only section 501(c)(3) and 501(c)(4) organizations 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:			
а	The organization?	5a		X
	Any related organization?	5b		Х
_	If "Yes" to line 5a or 5b, describe in Part III.		1	
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:			
а	The organization?	6a	1	Х
	Any related organization?	6b		Х
,	If "Yes" to line 6a or 6b, describe in Part III.	· · · · · · · · · · · · · · · · · · ·	1	T
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			1
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	-	1	T
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	-	 	
3	Regulations section 53.4958-6(c)?	9		
IH/	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	m 990)	2011
	the respective and the state of		,	

Housing Assistance Council

Schedule J (Form 990) 2011 HOUSING ASSISTANCE COUNCIL 52-0939288

Part # Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(Q)	(E)	(7)
(A) Name	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	9	133,171.	0	0	0	20,027.	153,198.	0
1 Karin Klusmann	E	0	0	0	0	0	•I	0
	ε	169,728.		0	0	1,607.	171,335.	0
2 Joseph Belden	: E	0	0	0		0		0
	Θ	210,721.		0		16,147.	226,868.	0
3 Moises Loza	(1)	• 0	• 0	0	0	0	0	0
	8							
4	€							
	Ξ							
5	(3)							
	Θ							
6	(ii)							
	(i)							
7	(3)							
	Θ							
8	(ii)							
	€							
6	(ii)							
	(3)							
10	(ii)							
	Θ							
11	Ξ							
	Ξ							
12	▣							
	Ξ							
13	(ii)							
	ε							
14	(ii)							
	Θ							
15	(3)							
	Ξ							
16	(1)							
				G (Schedu	Schedule J (Form 990) 2011

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2011
Open To Public Inspection

Name of the organization

Employer identification number

	sing A	ssista	ance Co	ouncil				52-09			umbei	
		,			501(c)(4) organization							
Complete if the organ	nization ansv	vered 'Yes'	on Form 99	0, Part IV, I	ne 25a or 25b, or For	m 990-E	Z, Part	V, line 40)b.	(c) Corr		
(a) Name of disc	qualified pers	son			(b) Description of	of transa	ction			Yes	No	
								_		res	NO	
								-	· · · · · · · · ·		_	
												
2 Enter the amount of tax import	sed on the c	organization	managers o	or disqualifie	ed persons during the	year un	der					
section 4958								▶ \$				
3 Enter the amount of tax, if any	y, on line 2, a	above, reim	bursed by t	he organizat	tion			▶ \$				
Dest II I am A and I	Parama lank		D									
Part II Loans to and/or								_				
					ne 26, or Form 990-E			(f) Apr	oroved	(~) \	ritt on	
(a) Name of Interested person and purpose	(b) Loan t the organ		(c) Origina		(d) Balance due) in ault?	by bo	ard or		Vritten ement?	
,	То	From	1		,	Vos	No	Yes	No	Yes	No	
SEE Statement 6 -	X	<u> FI</u> OIII	12	2,761.	12,761.	Yes 1.		X	100	X		
Date Date Date Date Date Date Date Date				.,			 -	 				
								_				
								1				
										ļ		
										ļ		
							ļ	ļ		ļ		
	<u> </u>		<u> </u>		10 761		L		<u> </u>		L	
Total Part III Grants or Assist	longs Bor	ofiting I		▶ \$	12,761.			.1		<u> </u>		
فسينس سيستها		_										
Complete if the organ (a) Name of interested p		vered Tres			en interested person	ond	T	(a) Am	ount on	d type o	•	
(a) Name of Interested p	Derson		(b) neiation	the org	anization	ano			assistar	ind type of ince		
							-1-					
					 		<u> </u>		-			
							_					
							<u> </u>					
	-											

132131 01-19-12

See Part V for Continuations

(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha organiz	aring of
		person and the organization	transaction	transaction	rever	ues?
		<u> </u>		<u> </u>	Yes	No
						
						
					-	
•			 			
						-
Part V	Supplemental Information		17	<u> </u>		
_		al information for responses to question	s on Schedule L (see	instructions).		
lahadı	alo I Domb II Ioon	a Ma and Eman Interna	ated Democr			
cheai	ile L, Part II, Loans	s To and From Intere	sted Person	18:		
a) Na	ame of Person: SEE S	tatement 6 -				
(- \ D-						
(a) Pi	rpose of Loan: To f	und Loan Funds				
***			**			
_						
	 -		· · · · · · · · · · · · · · · · · · ·			
						
	-	· · · · · · · · · · · · · · · · · · ·	······································			

· Schedule L (Form 990 or 990-EZ) 2011 Housing Assistance Council 52-0939288 Page 2

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Name of the organization

Housing Assistance Council

Employer identification number 52-0939288

moubing libbibounce council
Form 990, Part I, Line 1, Description of Organization Mission:
of the poor in the most rural places. HAC helps local public, private
and nonprofit organizations build affordable homes in rural America by
providing below-market financing, technical assistance, research,
training and information services.
Form 990, Part III, Line 1, Description of Organization Mission:
financing, technical assistance, research, training and information
services.
Form 990, Part VI, Section B, line 11: The Form 990 tax return for the
Housing Assistance Council (HAC)is prepared by an independent auditing firm
which also conducts the annual financial audit of HAC. The tax return is
reviewed by HAC's Director of Finance and Administration and by HAC's
Executive Director. The tax return is also subjected to reviews by HAC's
Board before it is filed with the IRS.
Form 990, Part VI, Section B, Line 15: There is an annual evaluation
conducted for all key personnel by the Executive Director. For the
Executive Director, an Executive Compensation Committee of the Board
Directors evaluates this position. For all positions, the Executive
Director and Board are afforded a regional annual compensation survey of
key positions to determine the fairness and comparable rates based on size
and budget of organizations.
For key personnel, Executive Director makes compensation adjustments based
on merit or COLA. For the Executive Director, the Executive Compensation
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

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.

2011	Open to Public	Inspection

OMB No 1545-0047

Employer identification number 52-0939288 Housing Assistance Council Name of the organization

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

Part

(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 organizations during the tax year.)	ations (Complete if the organization a	if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 beca	use it had one or	more related tax-exer	npt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section st	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Rural Housing Services, Inc 52-1306869 1025 Vermont Street NW Washington, DC 20005	To promote the social welfare of low-income persons in rural areas and		501(c)4			×
			-			

Schedule R (Form 990) 2011

52-0939288

Page 2

Schedule R (Form 990) 2011 Housing Assistance Council

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

General or Percentage managing ownership			ne or more related	(h) e of Percentage 'year ownership			
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)			because it had or	(g) total Share of end-of-year assets			
(h) Disproportionate allocations?	2		rt IV, line 34 I	(f) Share of total income			
(g) Share of end-of-year assets			to Form 990, Par	(e) Type of entity (C corp, S corp, or trust)			
(f) Share of total Income			on answered "Yes"	(d) Direct controlling entity			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			olete if the organizati	(c) Legal domicile (state or foreign country)			
(d) Direct controlling extity			ration or Trust (Comear.)	(b) Primary activity			
(c) Legal domicile (state or foreign	(false)		as a Corpo ng the tax y				
(b) Primary activity			anizations Taxable poration or trust dun	Z _			
(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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			

Page 3

Schedule R (Form 990) 2011 Housing Assistance Council

5a, or 36.
5a, c
IV, line 34, 35, 35
4 ω
ne 3
<i>≣</i> >
res" to Form 990, Part I
o, or
n 990,
o E
s, to
es'
Ž Q
Were
ans
<u>S</u>
nıza
implete if the organization answered "Yes" to
hec
e if t
blet
Ę
Irganizations (Cor
ations
ganizat
rga
With Related O
elat
Ē.
₹
ons
acti
rans
F
>
Part

Note Complete line 1 if any entity is listed in Parts II III or IV of this schedule					Yes	ŝ
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?	ns with one or more re	lated organizations listed i	in Parts II-IV?			
a Receipt of (ii) interest (ii) annuties (iii) rovalties or (iv) rent from a controlled entity		•		1a	7	×
b Giff grant, or capital contribution to related organization(s)				16	_	×
				10		×
				7		>
d Loans or loan guarantees to or for related organization(s)				2		ا،
 Loans or loan guarantees by related organization(s) 				9		×
						į
f Sale of assets to related organization(s)				14		×
g Purchase of assets from related organization(s)		•		19		×
				ŧ		×
				÷		×
במספס כן ומפווינים, כלפוליויפיון, כן כניים מספכט כל המוכל פו משני הבתיים (כן				<u> </u>	 	
i Lease of facilities, equipment, or other assets from related organization(s)				1j		×
k Performance of services or membership or fundraising solicitations for related org	related organization(s)			4	_	×
Performance of services or membership or fundraising solicitations by	related organization(s)		•	11		×
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ttion(s)			1	X	
Shortest nearly see with related organization (c)	•			10		×
	•	•				
 Reimbursement paid to related organization(s) for expenses 				- 01		×
				10		×
 Qther transfer of cash or property to related organization(s) 				ţ.		×
r Other transfer of cash or property from related organization(s)				-		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds.			-
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining	би		
	type (a·r)		amount involved			
(1) Rural Housing Services, Inc.	M	0.				- 1
(2)						
ଫ୍ର						
(4)						
(9)	37		Forto	dulo D (Corre	1000	=
132163 01-23-12	70		Dallac	Schedule K (Form 990) ZUTT	3201 4	=

Page 4

Schedule R (Form 990) 2011 Housing Assistance Council

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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.

(e)	ĝ (Đ	(3)	(6)	(e)	€	(6)	ε	0	9	8
Name, address, and EIN of entity	Primary activity	nicile oreign y)	t income related, om tax 512-514)	Are all partners sec 501(c)(3) orgs >	Share of total income	Share of end-of-year assets	Disproportonate allocations?	Deproportional Code V-UBI General of Percentage tonate amount in box 20 managing ownership yes No (Form 1065) Yes No	General or managing partner?	Percentage ownership
								Schedule	R (For	Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 Housing Assistance Council	52-0939288	Page 5
Part VII Supplemental Information		
Complete this part to provide additional information for responses to questions on Schedule R (see instru	ctions).	
Part II, Identification of Related Tax-Exempt Organizations	:	
Name of Related Organization:		
Rural Housing Services, Inc.		
Primary Activity: To promote the social welfare of low-inco	me persons	in
rural areas and commu		
		-

HOUSING ASSISTANCE COUNCIL FIXED ASSETS SCHEDULE EIN -52-0939288 September 30, 2012

Statement 4

					Accum Depn	 Current	Асси	m Depn	Book Value
<u>Date</u>	Description		Cost	Life	9/30/2011	 <u>year</u>	9/3	0/2012	9/30/2012
Various	Furniture and Fixtures	\$_	9,934 00		\$ 9,934 00	\$	\$	9,934 00	\$ -
4/11/1984	Xerox Memorywriter 640		3,784 20	6	3,784 20			3,784 20	-
12/3/1987	Xerox Model 6010 Memorywriter		766.62	6	766 62	-		766 62	-
9/27/1989	Sofa, Chair, Table, (furniture)		629 64	10	629 64	-		629 64	<u> </u>
11/11/1992	Reception Station		1,600 00	7	1,600 00			1,600 00	-
3/22/1994	Veryfine Soda Machine		3,310 00	5	3,310.00	-		3,310 00	-
5/13/1994	Conference Desk	<u> </u>	889 00	7	889.00			889 00	-
3/25/1996	HP LaserJet 4 Plus (FAD)		1,894 95	5	1,894 95	-		1,894 95	<u> </u>
12/11/1997	Conference table (EO)		851 00	5	851 00	-		851 00	-
6/29/1998	Desk/hutch/return (EO)		1,998 00	5	1,998 00	-		1,998 00	- ·· -
	Desk (EO)		529 00	-5	529 00	-	•	529 00	<u>-</u>
7/20/1998	HP LaserJet 5 (CDD)		1,759 01	3	1,759 01			1,759 01	-
2/17/1999	Four drawer file cabinet (CDD)		1,288 00	5	1,288 00	-		1,288 00	<u> </u>
5/7/1999	Canon IR330 Copier/fax (Midwest)		14,833 30	5	14,833 30		1	14,833 30	-
1/28/2002	Infocus Projector (Southern Business)		3,850 94	3	3,850 94	-		3,850 94	<u>.</u>
	HP Laserjet 9000 mpf		15,000 00	5	15,000 00			15,000 00	•
9/19/2003	Mıta Copier		6,570 00	5	6,570 00	-		6,570 00	
2/19/2010	Micro Edge Gift Software		58,563 00	5	19,520 60	11,712 60	3	31,233 20	27,329 80
	Total	\$	128,050.66		\$ 89,008.26	\$ 11,712.60	\$ 10	00,720.86	\$ 27,329.80

Housing Assistance Council EIN: 52-0939288 Form 990 - Part IV - Line 64 (b) - Mortgages and Other Notes Payable		Statement 5
September 30, 2012		2044
<u>Lender</u>	<u>2012</u>	<u>2011</u>
Bank of America Loan bearing interest at 3.25% per annum payable quarterly during the term of the loan. Principal payable in annual installment of \$1,250,000 beginning on December 20, 2014, with all outstanding principal payable in full on December 20, 2017. Byron and Lee Stookey	\$5,000,000	\$5,000,000
Note bearing interest at 3% per annum. Principal and interest due on		
September 16, 2015, or upon thirty-day notice of demand for repayment.	134,158	84,158
Congregation of the Humility of Mary Loan bearing interest at 3% per annum, payable annually. Principal due on November 4, 2011.	0	7,000
The Episcopal Church Loan bearing interest at 3.5% per annum, payable quarterly. Principal due		
March 31, 2016.	200,000	200,000
The F.B. Heron Foundation Loan bearing interest at 3% per annum, payable in arrears on March 31 and September 30 each year to maturity date. Principal is payable in a first installment of \$125,000 on September 30, 2013; a second installment of \$125,000 on September 30, 2014; and a final installment of \$500,000 on		4
September 30, 2016.	\$750,000	\$750,000
Ford Foundation Loan bearing interest at 1% per annum, Principal payable in three installments as follows: September 14, 2015 (\$833,333); September 14, 2016 (\$833,333); September 14, 2017 (\$833,334). Gideon Anders	2,500,000	2,500,000
Loan bearing interest at 0.25% per annum, payable annually. Principal due November 14, 2011 or upon a thirty-day written notice of demand for repayment. Harold O. and Marilyn Wilson	1,006	1,006
Loan bearing interest at 3% per annum, principal and interest payable on		
the five-year anniversary date of the loan (May 10, 2015), or upon a thirty day notice of demand for repayment by the lenders. Home Missioners of America	50,000	50,000
Loan bearing interest at 3% per annum, payable annually. Principal due on February 19, 2014. John D. and Catherine T. MacArthur Foundation	25,000	25,000
Loan bearing interest at 2% per annum and payable annually: interest waived from July 1, 2009 until June 30, 2010. Principal balance payable in		

1,000,000

1,195

1,000,000

1,195

two installments of \$330,000 starting April 1, 2015 and one installment of

Loan bearing interest at 2% per annum. Principal plus interest due July 7, 2015 or upon a thirty-day written notice of demand for repayment.

\$340,000 at maturity on April 1, 2017. Joseph N. Belden and Tamara W. Belden

Housing Assistance Council

EIN: 52-0939288

Form 990 - Part IV - Line 64 (b) - Mortgages and Other Notes Payable

September 30, 2012

September 30, 2012		
<u>Lender</u>	<u>2012</u>	<u>2011</u>
Leslie Strauss		
Non-interest bearing loan, principal due on August 16, 2013 or upon a		
thirty-day written notice of demand for repayment.	1,000	1,000
Maria Luisa Mercado	•	•
Loan bearing interest at 2% per annum, payable annually. Principal due on		
August 12, 2013 or upon a thirty-day written notice of demand for		
repayment.	1,126	1,126
Meadows Foundation	2,220	_,
Non-interest bearing loan. Principal payable on September 10, 2013.	250,000	250,000
- , , , , , , , , , , , , , , , , , , ,	230,000	230,000
Moises and Maria Teresa Loza		
Loan bearing interest at 2% per annum, payable annually. Principal due		
August 14, 2013 or upon a thirty-day written notice of demand for	5 000	6 000
repayment.	6,090	6,090
Sister of Charity, BVM		
Loan bearing interest at 3% per annum, interest payments due and		
payable in five (5) annual installments on each anniversary date of the		
initial loan; and principal payments due as follows: \$17,000 on May 28,		
2013; \$17,000 on May 28, 2014; and \$16,000 on May 28, 2015.	50,000	50,000
Sisters of Presentation of the Blessed Virgin Mary		
Loan bearing interest at 3% per annum, payable annually. Principal due on		
November 4, 2011.	75,000	75,000
Sisters of Saint Francis of Philadelphia		
Loan bearing interest at 2% per annum and payable annually. Principal		
due on June 1, 2014.	60,000	60,000
Sisters of the Holy Cross, Inc.		
Loan bearing interest at 3% per annum and payable annually. Principal		
balance due on June 30, 2012.	200,000	200,000
U.S. Department of Agriculture, Rural Development – Intermediary	200,	•
Relending Program (IRP I)		
Original authorization of \$2,000,000 at 1%, payable in 30 annual		
installments of \$87,740 including interest and principal, beginning		
December 8, 1995. The loan matures on December 8, 2022.	807,922	886,794
U.S. Department of Agriculture, Rural Development — Intermediary	331,522	223,72
Relending Program (IRP II)		
Original authorization of \$500,000 at 1% per annum, interest payment due		
for 2005, 2006, and 2007 on November 10, thereafter interest and		
principal, beginning November 10, 2008. The loan matures on November		
10, 2025.	298,970	193,262
U.S. Department of Agriculture, Rural Housing Services – Preservation	230,370	155,202
Revolving Loan Fund (PRLF I)		
Original authorization of \$2,000,000 at 1% per annum from the date the		
funds are advanced. Interest only payment due on January 1, 2007, 2008,		
and 2009; thereafter, annual payments of interest and principal starting		
January 1, 2010 to fully amortize the loan 30 years from June 28, 2006 –	1 002 127	1,869,592
the date of the promissory note. The loan matures on June 28, 2036.	1,803,127	1,003,332

Statement 5

Housing Assistance Council EIN: 52-0939288 Form 990 - Part IV - Line 64 (b) - Mortgages and Other Notes Payabl September 30, 2012	_	<u>Statement 5</u>
<u>Lender</u>	<u>2012</u>	<u>2011</u>
U.S. Department of Agriculture, Rural Housing Services – Preservation Revolving Loan Fund (PRLF II)		
Original authorization of \$2,000,000 at 1% per annum from the date the funds are advanced. Interest only payment due on January 1, 2008, 2009, and 2010; thereafter, annual payments of interest and principal starting January 1, 2011 to fully amortize the loan 30 years from August 10, 2007 —		
the date of the promissory note. The loan matures on August 10, 2037.	1,856,980	1,834,740
U.S. Department of Agriculture, Rural Housing Services – Preservation Revolving Loan Fund (PRLF III) Original authorization of \$1,000,000 at 1% per annum from the date the funds are advanced. Interest only payment due on January 1, 2011, 2012, and 2013; thereafter, annual payments of interest and principal starting		
March 19, 2010 - the date of the promissory note.	883,387	0
U.S. Department of the Treasury, Community Development Financial Institutions Fund Loan bearing interest at 2% per annum. Principal and interest payable on	500 000	500.000
October 13, 2014. <u>William and Gloria Powers</u> Loan bearing interest at 2% per annum, payable annually. Principal due on August 12, 2013 or upon a thirty-day written notice of demand for	500,000	500,000
repayment.	2,344	2,344
Total notes payable	\$16,457,305	\$15,548,307

Housing Assistance Council	Statement 6	
EIN: 52-0939288 Form 990 - Schedule L- Loans from Interested Persons September 30, 2012		
Lender	2012	
Gideon Anders		
Loan bearing interest at 0.25% per annum, payable annually. Principal due		
November 14, 2011 or upon a thirty-day written notice of demand for		
repayment.	\$ 1,006	
Joseph N. Belden and Tamara W. Belden		
Loan bearing interest at 2% per annum. Principal plus interest due July 7,		
2015 or upon a thirty-day written notice of demand for repayment.	1,195	
Maria Luisa Mercado		
Loan bearing interest at 2% per annum, payable annually. Principal due on		
August 12, 2013 or upon a thirty-day written notice of demand for		
repayment.	1,126	
Moises and Maria Teresa Loza		
Loan bearing interest at 2% per annum, payable annually. Principal due		
August 14, 2013 or upon a thirty-day written notice of demand for		
repayment.	6,090	
<u>William and Gloria Powers</u>		
Loan bearing interest at 2% per annum, payable annually. Principal due on		

August 12, 2013 or upon a thirty-day written notice of demand for

Board members, related parties, officers

repayment.

2,344

11,761

\$

Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you	are filing for an Automatic 3-Month Extension, complet	te only Pa	irt I and check this box			► X
If you.	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of t	this form).		
Do not d	complete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed For	m 8868.	
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	months for a	corporation
required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically fi	le Form 88	868 to request	an extension
of time to	ofile any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	ransfers A	Associated With	n Certain
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details o	n the elec	tronic filing of t	his form,
visit www	v irs.gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).		
A corpor	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and o	complete		
Part I on	у					▶ ∟
_	corporations (including 1120-C filers), partnerships, REM come tax returns.	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time	
Type or Name of exempt organization or other filer, see instructions.				Employer	identification r	number (EIN) or
print						
•	Housing Assistance Council		<u></u>	X 52-0939288) 288
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social se	curity number ((SSN)
filing your	1025 Vermont Avenue, No. 60					
return See instructions	City, town or post office, state, and ZIP code. For a following ton, DC 20005	oreign add	ress, see instructions.			
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 99)	01	Form 990-T (corporation)			07
Form 99		02	Form 1041-A			08
Form 99		01	Form 4720			09
Form 99		04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	O-T (trust other than above)	06	Form 8870			12
101111 00	The Corporation		, , <u>, , , , , , , , , , , , , , , , , </u>			
• The b	ooks are in the care of > 1025 Vermont Av		, NW, Washington,	DC,	# 600 -	20005
	hone No. ► 202-842-8600		FAX No. ▶	•		
-	organization does not have an office or place of business	s in the Ur		•		
	is for a Group Return, enter the organization's four digit			f this is fo	r the whole aro	up, check this
box 🟲	. If it is for part of the group, check this box	•	ach a list with the names and EINs o			
	equest an automatic 3-month (6 months for a corporation					
			tion return for the organization name		The extension	
 IS 1	for the organization's return for:	· o, gainza				
▶	calendar year or					
		an	d ending <u>SEP 30, 2012</u>			
•	tax your boginning	,			_ ·	
2 If t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n	
	Change in accounting period					
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			•
no	nrefundable credits. See instructions.			3a	\$	0.
b If t	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			•
es	timated tax payments made. Include any prior year overp	payment a	llowed as a credit.	3ь	\$	0.
с Ва	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,			•
	using EFTPS (Electronic Federal Tax Payment System).			3с	\$	0.
Caution	. If you are going to make an electronic fund withdrawal v	with this F	orm 8868, see Form 8453-EO and F	orm 8879-		
LHA I	For Privacy Act and Paperwork Reduction Act Notice,	see Instr	uctions.		Form 886	38 (Rev. 1-2012)