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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2012 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization LOW INCOME HOUSING INSTITUTE		D Employer identification number 94-3155150
	Doing Business As		E Telephone number (206) 443-9935
	Number and street (or P O box if mail is not delivered to street address) 2407 FIRST AVENUE NO 200	Room/suite	
	City or town, state or country, and ZIP + 4 SEATTLE, WA 98121		G Gross receipts \$ 8,349,896
	F Name and address of principal officer SHARON H LEE 2407 FIRST AVENUE NO 200 SEATTLE, WA 98121		
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for affiliates? ☐ Yes ☒ No H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
J Website: ▶ WWW.LIHI.ORG		H(c) Group exemption number ▶	

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐	L Year of formation 1991	M State of legal domicile WA
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities =THE LOW INCOME HOUSING INSTITUTE DEVELOPS, OWNS AND OPERATES HOUSING FOR THE BENEFIT OF LOW-INCOME, HOMELESS AND FORMERLY HOMELESS PEOPLE IN WASHINGTON STATE, ADVOCATES FOR JUST HOUSING POLICIES AT THE LOCAL AND NATIONAL LEVELS, AND ADMINISTERS A RANGE OF SUPPORTIVE SERVICE PROGRAMS TO ASSIST THOSE WE SERVE IN MAINTAINING STABLE HOUSING AND INCREASING THEIR SELF-SUFFICIENCY			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	169
6	Total number of volunteers (estimate if necessary)	6	298	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	5,987,769	4,497,872
	9	Program service revenue (Part VIII, line 2g)	3,614,963	3,578,924
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	281,281	-202,288
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	72,551	167,721
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,956,564	8,042,229
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	586	8,611
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,288,164	3,180,209
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <u>132,899</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,839,439	3,562,221
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,128,189	6,751,041
	19	Revenue less expenses Subtract line 18 from line 12	2,828,375	1,291,188
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	50,568,103	52,232,418
	21	Total liabilities (Part X, line 26)	21,017,928	21,419,237
	22	Net assets or fund balances Subtract line 21 from line 20	29,550,175	30,813,181

Part II Signature Block

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

Sign Here	*****			2013-11-15	
	Signature of officer			Date	
Paid Preparer Use Only	LYNNE BEHAR AUTHORIZED REPRESENTATIVE				
	Type or print name and title				
	Print/Type preparer's name ELLEN WILDE		Preparer's signature	Date	Check ☐ if self-employed
	Firm's name ▶ DAUBY O'CONNOR & ZALESKI LLC			Firm's EIN ▶ 35-1750664	
	Firm's address ▶ 501 CONGRESSIONAL BLVD STE 300 CARMEL, IN 46032			Phone no (317) 848-5700	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part IIIStatement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

THE LOW INCOME HOUSING INSTITUTE DEVELOPS, OWNS AND OPERATES HOUSING FOR THE BENEFIT OF LOW-INCOME, HOMELESS AND FORMERLY HOMELESS PEOPLE IN WASHINGTON STATE, ADVOCATES FOR JUST HOUSING POLICIES AT THE LOCAL AND NATIONAL LEVELS, AND ADMINISTERS A RANGE OF SUPPORTIVE SERVICE PROGRAMS TO ASSIST THOSE WE SERVE IN MAINTAINING STABLE HOUSING AND INCREASING THEIR SELF-SUFFICIENCY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 711,876 including grants of \$) (Revenue \$)

SERVICES AND TECHNICAL ASSISTANCE - HYGIENE CENTER FOR THE HOMELESS PROVIDING 49,055 SHOWERS, 35,432 LAUNDRY LOADS, AND 124,476 RESTROOM USES TO 5,684 PEOPLE

4b

(Code) (Expenses \$ 3,869,960 including grants of \$) (Revenue \$ 3,057,912)

PROPERTY MANAGEMENT - OWN OR MANAGE LOW-INCOME AND TRANSITIONAL HOUSING PROJECTS TOTALING MORE THAN 1746 UNITS

4c

(Code) (Expenses \$ 505,482 including grants of \$) (Revenue \$ 264,503)

REAL ESTATE DEVELOPMENT SERVICES FOR LOW-INCOME HOUSING PROJECTS

(Code) (Expenses \$ 30,848 including grants of \$ 8,611) (Revenue \$)

ADVOCACY PROGRAMS FOR HOUSING ISSUES AND TECHNICAL ASSISTANCE TO OTHER NOT-FOR-PROFIT ORGANIZATIONS WITH PLANNING INTERNAL POLICIES AND DEVELOPING PROGRAMS FOR HOMELESS PEOPLE

(Code) (Expenses \$ 375,054 including grants of \$) (Revenue \$ 183,507)

GENERAL RESIDENT SERVICES FOR THE LOW INCOME HOUSING PROJECTS

(Code) (Expenses \$ 545,042 including grants of \$) (Revenue \$)

MCKINNEY SPECIAL PROJECT - PROVIDES FOR SUPPORTIVE HOUSING AND SPECIAL NEEDS ASSISTANCE

4d

Other program services (Describe in Schedule O)

(Expenses \$ 950,944 including grants of \$ 8,611) (Revenue \$ 183,507)

4e

Total program service expenses

6,038,262

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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
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 Yes	
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	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c Yes	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b 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 and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
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 Yes	
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	93	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	169	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			No
3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No
4b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		Yes	
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		Yes	
7 Organizations that may receive deductible contributions under section 170(c).			
7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		Yes	
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?		Yes	
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			No
7d If "Yes," indicate the number of Forms 8282 filed during the year.			
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?			
9b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.			
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.			
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
13c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			No
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	15		
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	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	WA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	LYNNE BEHAR CFO 2407 FIRST AVENUE STE 200 SEATTLE, WA (206) 443-9935

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA BATTLES DIRECTOR	50	X						0	0	0
(2) BEVERLY SIMS DIRECTOR	50	X						0	0	0
(3) GEORGE WATERS DIRECTOR	50	X						0	0	0
(4) MARION YEARBY DIRECTOR	50	X						0	0	0
(5) MELINDA NICHOLS VICE-PRESIDENT	1 00	X		X				0	0	0
(6) ALAN CASTLE PRESIDENT	1 00	X		X				0	0	0
(7) HENRY MCGEE TREASURER	50	X		X				0	0	0
(8) DUNCAN HAAS DIRECTOR	50	X						0	0	0
(9) JOE INGRAM DIRECTOR	50	X						0	0	0
(10) PEARL LEUNG SECRETARY	50	X		X				0	0	0
(11) RODERICK BUTLER DIRECTOR	50	X						0	0	0
(12) MICHAEL FAIT DIRECTOR	50	X						0	0	0
(13) CATHY DANIGELIS DIRECTOR	50	X						0	0	0
(14) BRYAN M PARK DIRECTOR	50	X						0	0	0
(15) SHARON LEE EXECUTIVE DIRECTOR	40 00					X		169,903	0	6,905
(16) LYNNE BEHAR CHIEF FINANCIAL OFFICER	40 00					X		119,476	0	6,522

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	289,379	0	13,427

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WALSH CONSTRUCTION COWA 2905 SW FIRST AVE PORTLAND OR 97201	CONSTRUCTION CONTRACTOR SERVICES	580,674
GGLO LLC 1301 FIRST AVENUE SUITE 301 SEATTLE WA 981012074	ARCHITECT SERVICES	405,853
JORVE CORPORATION 3211 MLK JR WAY S SEATTLE WA 98144	ROOFING CONTRACTOR	314,351
SNYDER ROOFING OF WA LLC 20203 BROADWAY AVE SNOHOMISH WA 98296	ROOFING CONTRACTOR	235,365
DAUBY O'CONNOR & ZALESKI LLC 501 CONGRESSIONAL BLVD SUITE 300 CARMEL IN 46032	ACCOUNTING AND TAX SERVICES	171,280

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►5

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	180,018			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,584,222			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,733,632			
	g	Noncash contributions included in lines 1a-1f \$		41,528			
	h	Total. Add lines 1a-1f		4,497,872			
Program Service Revenue			Business Code				
	2a	PROPERTY MANAGEMENT &	531110	1,563,902	1,563,902		
	b	RENTAL INCOME	531110	1,451,089	1,451,089		
	c	DEVELOPMENT FEES	531390	380,426	380,426		
	d	RESIDENT SERVICES FEE	531110	183,507	183,507		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		3,578,924			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		35,187		35,187	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less cost or other basis and sales expenses		237,475			
	c	Gain or (loss)		-237,475			
	d	Net gain or (loss)		-237,475	-237,475		
	8a	Gross income from fundraising events (not including \$ 180,018 of contributions reported on line 1c) See Part IV, line 18					
			a	73,440			
			b	70,192			
	c	Net income or (loss) from fundraising events		3,248		3,248	
	9a	Gross income from gaming activities See Part IV, line 19					
a							
b							
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
		a					
		b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS INCOME	531110	134,060	134,060			
		531110	30,413	30,413			
d	All other revenue						
e	Total. Add lines 11a-11d		164,473				
12	Total revenue. See Instructions		8,042,229	3,505,922	0	38,435	

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).

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

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	8,611	8,611		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	2,592,485	2,227,311	278,022	87,152
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	335,918	307,144	22,412	6,362
10	Payroll taxes.	251,806	222,947	22,524	6,335
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	385,300	356,575	28,725	
12	Advertising and promotion.	15,442	3,873	2,527	9,042
13	Office expenses.	160,983	125,840	30,102	5,041
14	Information technology.				
15	Royalties.				
16	Occupancy.	63,911	45,726	80	18,105
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	64,557	43,093	21,236	228
20	Interest.	460,690	416,698	43,992	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	770,152	764,253	5,899	
23	Insurance.	66,992	54,748	12,244	
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):				
a	PROPERTY MAINTENANCE &	467,023	457,084	9,873	66
b	UTILITIES	364,073	343,887	20,186	
c	RESIDENT BENEFITS	224,848	224,698	0	150
d	MISC EXPENSES/OVERHEAD	216,333	216,333		
e	All other expenses	301,917	219,441	82,058	418
25	Total functional expenses. Add lines 1 through 24e.	6,751,041	6,038,262	579,880	132,899
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).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		2,890,776	1	3,135,861
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		78,770	4	61,938
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		33,036	9	26,515
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a37,706,387			
	b	Less accumulated depreciation	10b7,710,202	29,399,444	10c	29,996,185
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		2,699,901	13	2,868,661
	14	Intangible assets		105,638	14	88,384
	15	Other assets See Part IV, line 11		15,360,538	15	16,054,874
	16	Total assets. Add lines 1 through 15 (must equal line 34)		50,568,103	16	52,232,418
Liabilities	17	Accounts payable and accrued expenses		86,581	17	95,936
	18	Grants payable			18	
	19	Deferred revenue		69,350	19	36,909
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		15,556,606	23	15,643,002
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		5,305,391	25	5,643,390
	26	Total liabilities. Add lines 17 through 25		21,017,928	26	21,419,237
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		29,099,522	27	30,382,664
	28	Temporarily restricted net assets		450,653	28	430,517
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		29,550,175	33	30,813,181
	34	Total liabilities and net assets/fund balances		50,568,103	34	52,232,418

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,042,229
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,751,041
3	Revenue less expenses Subtract line 2 from line 1	3	1,291,188
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	29,550,175
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-28,182
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	30,813,181

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization LOW INCOME HOUSING INSTITUTE	Employer identification number 94-3155150
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

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

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

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

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

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

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)

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

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

An organization organized and operated exclusively to test for public safety See section 509(a)(4).

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

Type I Type II Type III - Functionally integrated Type III - Non-functionally integrated

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

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

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

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

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

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

Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,981,561	3,526,067	4,115,569	5,987,769	4,497,872	21,108,838
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,981,561	3,526,067	4,115,569	5,987,769	4,497,872	21,108,838
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						21,108,838

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	2,981,561	3,526,067	4,115,569	5,987,769	4,497,872	21,108,838
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	77,889	5,635	5,553	25,660	35,187	149,924
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)	149,898	126,223	192,601	64,578	164,473	697,773
11	Total support (Add lines 7 through 10)						21,956,535
12	Gross receipts from related activities, etc (see instructions)					12	17,738,084
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14 96 140 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15 95 880 %
16a	33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☒
b	33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐
17a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	☐
b	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	☐
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

Part IV

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

Facts And Circumstances Test

Explanation
SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION SCHEDULE A, PART II, LINE 10 MISCELLANEOUS INCOME CONSISTS OF TENANT CHARGES, LAUNDRY AND VENDING CHARGES AND OTHER INCOME ITEMS FOR SERVICES PROVIDED FOR THE CONVENIENCE OF THE TENANTS INCLUDED ON PAGE 9 IN CURRENT YEAR OTHER REVENUE LINE 7B IS A LOSS ON DISPOSAL OF DEPRECIABLE ASSETS OF \$237,475 THE LOSS IS NOT BEING INCLUDED ON SCHEDULE A, PART II, LINE 10 BECAUSE IT DOES NOT MEET THE DEFINITION OF SUPPORT AS DEFINED IN SECTION 509(D) OF THE INTERNAL REVENUE CODE

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization LOW INCOME HOUSING INSTITUTE	Employer identification number 94-3155150
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If “Yes,” describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)		0	0												
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)		0	0												
f Lobbying nontaxable amount Enter the amount from the following table in both columns		0	0												
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		0	0												
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(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					

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 each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i.			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912.			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 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 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		THE ORGANIZATION SENDS STAFF AND VOLUNTEERS TO THE STATE CAPITAL, OLYMPIA, EVERY FEBRUARY FOR ANNUAL HOUSING ADVOCACY DAY. THE GROUP ADVOCATES FOR FUNDS FOR THE STATE HOUSING TRUST FUND, AND FOR LEGISLATION FAVORABLE TO LOW INCOME HOUSING. VOLUNTEER BOARD MEMBERS MAY ENGAGE IN LOBBYING RELEVANT TO LOW INCOME HOUSING ON BEHALF OF THE ORGANIZATION. ORGANIZATION STAFF PERIODICALLY LOBBY FOR LEGISLATION FAVORABLE TO LOW INCOME HOUSING. THE ORGANIZATION PUBLISHES A QUARTERLY NEWSLETTER, CALLED HOUSING WASHINGTON. THIS PUBLICATION INCLUDES ARTICLES ON LOCAL AND NATIONAL HOUSING ISSUES, INCLUDING LEGISLATION AND ACTIVITIES OF PUBLIC OFFICIALS. THIS IS A SUBSCRIPTION-BASED NEWSLETTER. ORGANIZATION STAFF PERIODICALLY MAKE DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF, AND GOVERNMENT OFFICIALS. THIS IS IN THE FORM OF LETTERS, EMAILS, PHONE CALLS, AND PERSONAL MEETINGS. THIS IS FOR THE PURPOSE OF DISCUSSING LEGISLATION AND POLICY SURROUNDING LOW INCOME HOUSING. ORGANIZATION STAFF ATTENDS RALLIES, DEMONSTRATIONS, SEMINARS, SPEECHES, LECTURES WHEN IN RELATION TO LOW INCOME HOUSING, BUT ORGANIZATION DOES NOT CONDUCT OR PAY FOR THESE TYPES OF ACTIVITIES.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization LOW INCOME HOUSING INSTITUTE	Employer identification number 94-3155150
--	--

Part I

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

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

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶_____

4

Number of states where property subject to conservation easement is located ▶_____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

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

b

Assets included in Form 990, Part X▶\$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

Part IV

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

- 1a

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

☐ Yes

☐ No
- b

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

	Amount
1c	
1d	
1e	
1f	
- 2a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

☐

b

Permanent endowment

☐

c

Temporarily restricted endowment

☐

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

4

Describe in Part XIII the intended uses of the organization's endowment funds
- Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 12,775,846 | | 12,775,846 |
| b Buildings | | 21,482,008 | 6,158,447 | 15,323,561 |
| c Leasehold improvements | | 2,680,870 | 886,045 | 1,794,825 |
| d Equipment | | 767,663 | 665,710 | 101,953 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 29,996,185 |
- Schedule D (Form 990) 2012

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	8,571,237
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	529,008
e	Add lines 2a through 2d	2e	529,008
3	Subtract line 2e from line 1	3	8,042,229
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,042,229

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	7,280,049
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	529,008
e	Add lines 2a through 2d	2e	529,008
3	Subtract line 2e from line 1	3	6,751,041
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	6,751,041

Part XIII

Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE CORPORATION ALSO IS NOT SUBJECT TO STATE INCOME TAX IN THE STATE OF WASHINGTON. ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE TAXES ON REVENUE AND INCOME HAS BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS.
PART XI, LINE 2D - OTHER ADJUSTMENTS		RECLASS OF LOSS ON DISPOSAL OF PROPERTY 237,475 RECLASS OF WRITE OFF OF DEVELOPMENT INCOME 221,341 RECLASS OF FUNDRAISING EXPENSES 70,192
PART XII, LINE 2D - OTHER ADJUSTMENTS		RECLASS OF LOSS ON DISPOSAL OF PROPERTY 237,475 RECLASS OF WRITE OFF OF DEVELOPMENT INCOME 221,341 RECLASS OF FUNDRAISING EXPENSES 70,192

Additional Data

Software ID:

Software Version:

EIN: 94-3155150

Name: LOW INCOME HOUSING INSTITUTE

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) FUNDED RESERVES	1,290,359
(2) TENANT SECURITY DEPOSITS	85,053
(3) PROJECT DEVELOPMENT COSTS	1,902,460
(4) DUE FROM FLEETWOOD, L P	935,911
(5) DUE FROM JENSON BLOCK, L P	147,408
(6) DUE FROM FRYE BUILDING, L P	1,080,367
(7) DUE FROM STONE VIEW VILLAGE I	238,401
(8) DUE FROM STONE VIEW VILLAGE II	105,514
(9) DUE FROM BROOKS & 25TH, L P	5,638
(10) DUE FROM JULIE APARTMENTS, L P	603,701
(11) DUE FROM LAKEVIEW APARTMENTS, L P	215,326
(12) DUE FROM MAGNOLIA VILLA ASSOCIATES LLC	739,290
(13) DEVELOPER FEES RECEIVABLE	602,157
(14) DUE FROM LIHI AUBURN ASSOCIATES LLC	630,200
(15) DUE FROM LIHI RAINIER ASSOCIATES LLC	162,403
(16) DUE FROM LIHI CEDAR HEIGHTS ASSOCIATES LLC	1,203,007
(17) DUE FROM LIHI MEADOWBROOK ASSOCIATES LLC	265,998
(18) DUE FROM LIHI NORTHWEST 85TH LLC	268,909
(19) DUE FROM LIHI PENNEY ASSOCIATES LLC	513,639
(20) DUE FROM ANDOVER COURT ASSOCIATES LLC	8,075
(21) DUE FROM CEDARWOOD II ASSOCIATES LLC	292,877
(22) DUE FROM LIHI PINE CITY ASSOCIATES	107,918
(23) RESTRICTED CASH	357,906
(24) GOVERNMENT CONTRACTS RECEIVABLE	398,766
(25) DUE FROM CHESTER MANOR	1,565,001
(26) DUE FROM DENNY PARK LLC	507,273
(27) DUE FROM LIHI SUNSET MEADOWS, LLC	701,060
(28) DUE FROM LAKE CITY CONDO ASSOCIATES, LLC	8,311
(29) DUE FROM CASCADE SENIOR HOUSING	32,686
(30) ACCRUED INTEREST-DEVELOPER FEE	15,750
(31) DUE FROM DENICE HUNT HOMEOWNERS ASSOCIATION	314
(32) DUE FROM LIHI LAKE CITY, LLC	22,121
(33) DUE FROM 47TH STREET DEVELOPMENT LLLP	17,738
(34) DUE FROM 2010 JACKSON STREET DEVELOPMENT, LLLP	16,168
(35) DUE FROM COPPER LANTERN APARTMENTS, LLLP	973,519
(36) PLEDGE RECEIVABLE	33,000
(37) MISCELLANEOUS RECEIVABLE	650

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
LOW INCOME HOUSING INSTITUTE

Employer identification number
94-3155150

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and email solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
PB&J SERVICES INC PO BOX 358 SILVANA, WA 98287	AUCTION	Yes		95,604	1,400	94,204
TOLO EVENTS LLC 2717 WESTERN AVE STE 1106 SEATTLE, WA 98121	AUCTION	Yes		0	10,000	-10,000
APRIL BROWN AUCTION SERVICE INC PO BOX 77214 SEATTLE, WA 98177	AUCTION		No	0	5,000	-5,000
Total ▶				95,604	16,400	79,204

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

WA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		LIHI 10TH ANNUAL BENEFIT AUCTION (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	253,458		253,458
	2	Less Contributions . .	180,018		180,018
	3	Gross income (line 1 minus line 2)	73,440		73,440
Direct Expenses	4	Cash prizes	0		
	5	Noncash prizes . .	0		
	6	Rent/facility costs . .	32,382		32,382
	7	Food and beverages .			
	8	Entertainment			
	9	Other direct expenses .	37,810		37,810
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			
					(70,192)
					3,248

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes No	Yes No	
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Schedule J (Form 990) Department of the Treasury Internal Revenue Service	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23. ▶ Attach to Form 990. ▶ See separate instructions.	OMB No 1545-0047
		2012
		Open to Public Inspection

Name of the organization LOW INCOME HOUSING INSTITUTE	Employer identification number 94-3155150
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Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
1b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes		
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 to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
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:			
4a	Receive a severance payment or change-of-control payment?			No
4b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			No
4c	Participate in, or receive payment from, an equity-based compensation arrangement?			No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
5a	The organization?			No
5b	Any related organization?			No
	If "Yes," to line 5a or 5b, describe in Part III.			
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:			
6a	The organization?			No
6b	Any related organization?			No
	If "Yes," to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.			No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.			No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			

Part II **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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SHARON LEE EXECUTIVE DIRECTOR	(i)	169,903	0	0	0	6,905	176,808	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
LOW INCOME HOUSING INSTITUTE

Employer identification number
94-3155150

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A WASHINGTON STATE HOUSING FINANCE COMMISSION	91-1874730		02-18-2005	5,680,000	LOAN ORIGINATED BY BANNER BANK TO PROVIDE FINANCING FOR RESID RENTAL PROJ		X		X		X

Part II Proceeds									
		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue								
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2005							
		Yes	No						
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	%		%		%		%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	%		%		%		%	
6	Total of lines 4 and 5	%		%		%		%	
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

Part VI

Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
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SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

Name of the organization
LOW INCOME HOUSING INSTITUTE

Employer identification number
94-3155150

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	6	1,975	DONOR VALUE/SOLD PRICE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (VACATION GETAWAY PACKAGE)	X	20	19,045	DONOR VALUE/SOLD PRICE
26 Other ► (GIFT CERTIFICATES)	X	42	6,112	DONOR VALUE/SOLD PRICE
27 Other ► (PROFESSIONAL SERVICES)	X	6	1,557	DONOR VALUE/SOLD PRICE
28 Other ► (MISCELLANEOUS)	X	110	12,839	DONOR VALUE/SOLD PRICE

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Yes

No

No

No

No

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

Cat No 51227J

Schedule M (Form 990) (2012)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	THE ORGANIZATION CONTRACTS TOLO EVENTS LLC, PB&J SERVICES INC, AND APRIL BROWN AUCTION SVC INC TO SOLICIT, PROCESS, OR SELL NON-CASH CONTRIBUTIONS

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

LOW INCOME HOUSING INSTITUTE

Employer identification number

94-3155150

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	GEORGE WATERS, MEMBER OF BOARD OF DIRECTORS, SERVES AS BOARD PRESIDENT OF GOODWILL DEVELOPMENT ASSOCIATION, WHICH IS THE GENERAL PARTNER OF BROOKS & 25TH, LP OUR ORGANIZATION IS THE SPECIAL LIMITED PARTNER AND THE MANAGEMENT COMPANY AT BROOK & 25TH, LP
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDITING FIRM SENDS A DRAFT OF THE RETURN TO THE CFO OF THE ORGANIZATION, AND THE ORGANIZATION'S STAFF FORWARD A COPY OF THE RETURN TO EACH BOARD MEMBER FOR THEIR COMMENTS PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST QUESTIONNAIRES ARE ADMINISTERED ANNUALLY CONFLICTS ARE DISCUSSED WHEN APPLICABLE DURING BOARD MEETINGS AND MEMBER ABSTAINS FROM VOTING ON RELEVANT ISSUES
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR EXECUTIVE DIRECTOR IS DETERMINED BY REVIEWING SALARY SURVEYS IT IS THEN APPROVED BY THE BOARD OF DIRECTORS COMPENSATION FOR OFFICERS AND KEY EMPLOYEES IS DETERMINED BY REVIEWING SALARY SURVEYS IT IS THEN APPROVED BY THE BOARD OF DIRECTORS
	FORM 990, PART VI, SECTION C, LINE 19	THE FORM 990 AND ALL RELATED FINANCIAL AND POLICY INFORMATION ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST
AVERAGE NUMBER OF HOURS WORKED	PART VII, SECTION A, LINE 1A, COLUMN B	ALL OF THE OFFICERS, DIRECTORS, AND EMPLOYEES LISTED IN PART VII, SECTION A PERFORM SIMILAR DUTIES AND HAVE SIMILAR RESPONSIBILITIES FOR RELATED ORGANIZATIONS AS THEY DO FOR THIS ORGANIZATION THEIR TOTAL HOURS WORKED PER WEEK FOR THIS ORGANIZATION ARE SIMILAR TO THEIR HOURS WORKED FOR RELATED ORGANIZATIONS BOTH IN TERMS OF NUMBER OF HOURS AND TYPE OF WORK PERFORMED
OVERSIGHT OF AUDITING FUNCTION	FORM 990, PART XII, LINE 2C	THE MANAGEMENT COMPANY RECEIVES A COPY OF THE AUDIT PRIOR TO THE FINALIZATION OF THE AUDIT, A COPY OF THE AUDIT IS GIVEN TO ALL OF THE BOARD MEMBERS FOR THEIR COMMENTS WHEN THE AUDIT IS UP FOR BID, THE BOARD DISCUSSES THE RELATIONSHIP WITH THE CURRENT AUDITORS AND MAKES A DETERMINATION AS TO WHETHER TO MAINTAIN THIS RELATIONSHIP OR CHANGE TO A NEW AUDITING FIRM
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 5	THE BALANCE OF UNRESTRICTED NET ASSETS HAS BEEN RESTATED AS OF JANUARY 1, 2012 RELATING TO A PORTION OF THE TUKWILA HOUSES LOAN THAT WAS FORGIVEN IN A PREVIOUS YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
LOW INCOME HOUSING INSTITUTE

Employer identification number
94-3155150

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

(a) Name, address, and EIN (if applicable) 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
See Additional Data Table					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) LIHI CASCADE SENIOR HOUSING DEVELOPMENT 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 20-8615152	MULTIFAMILY RESIDENTIAL	WA	501(C)(3)	YES	LOW INCOME HOUSING INSTITUTE		No

Part III

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" 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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a Yes

1b Yes

1c No

1d Yes

1e No

1f No

1g No

1h No

1i No

1j Yes

1k Yes

1l No

1m No

1n No

1o No

1p No

1q Yes

1r No

1s No

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2012

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Software ID:

Software Version:

EIN: 94-3155150

Name: LOW INCOME HOUSING INSTITUTE

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	
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Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
LIHI FIRST AVENUE DEVELOPMENT LLC 2407 FIRST AVENUE STE 200 SEATTLE, WA 98121 94-3155150	MULTIFAMILY RESIDENTIAL & COMMERCIAL	WA	0	341,146	LOW INCOME HOUSING INSTITUTE
KENMORE COURT LLC 2407 FIRST AVENUE STE 200 SEATTLE, WA 98121 94-3155150	MULTIFAMILY RESIDENTIAL	WA	0	0	LOW INCOME HOUSING INSTITUTE
DEARBORN COMMONS LLC 2407 FIRST AVENUE STE 200 SEATTLE, WA 98121 94-3155150	MULTIFAMILY RESIDENTIAL	WA	0	0	LOW INCOME HOUSING INSTITUTE
LIHI UNIVERSITY APARTMENTS LLC 2407 FIRST AVENUE STE 200 SEATTLE, WA 98121 94-3155150	MULTIFAMILY RESIDENTIAL	WA	0	0	LOW INCOME HOUSING INSTITUTE
ROOSEVELT DEVELOPMENT LLLP 2407 FIRST AVENUE STE 200 SEATTLE, WA 98121 94-3155150	MULTIFAMILY RESIDENTIAL	WA	5,120	1,504,957	LOW INCOME HOUSING INSTITUTE
LIHI ROOSEVELT LLC 2407 FIRST AVENUE STE 200 SEATTLE, WA 98121 94-3155150	MULTIFAMILY RESIDENTIAL	WA	0	0	LOW INCOME HOUSING INSTITUTE
LIHI BALLARD LLC 2407 FIRST AVENUE STE 200 SEATTLE, WA 98121 94-3155150	MULTIFAMILY RESIDENTIAL	WA	0	0	LOW INCOME HOUSING INSTITUTE
57TH NW DEVELOPMENT LLLP 2407 FIRST AVENUE STE 200 SEATTLE, WA 98121 94-3155150	MULTIFAMILY RESIDENTIAL	WA	0	1,932,222	LOW INCOME HOUSING INSTITUTE
2020 JACKSON STREET LLLP 2407 FIRST AVENUE STE 200 SEATTLE, WA 98121 94-3155150	MULTIFAMILY RESIDENTIAL	WA	0	981,114	LOW INCOME HOUSING INSTITUTE
JACKSON PHASE II LLC 2407 FIRST AVENUE STE 200 SEATTLE, WA 98121 94-3155150	MULTIFAMILY RESIDENTIAL	WA	0	0	LOW INCOME HOUSING INSTITUTE
LIHI KENMORE APARTMENTS LLC 2407 FIRST AVENUE STE 200 SEATTLE, WA 98121 94-3155150	MULTIFAMILY RESIDENTIAL	WA	0	0	LOW INCOME HOUSING INSTITUTE
LIHI 20TH STREET LLC 2407 FIRST AVENUE STE 200 SEATTLE, WA 98121 94-3155150	MULTIFAMILY RESIDENTIAL	WA	0	0	LOW INCOME HOUSING INSTITUTE
LIHI BELLEVUE LLC 2407 FIRST AVENUE STE 200 SEATTLE, WA 98121 94-3155150	MULTIFAMILY RESIDENTIAL	WA	0	0	LOW INCOME HOUSING INSTITUTE
GLEN HOTEL LP 2407 FIRST AVENUE STE 200 SEATTLE, WA 98121 94-3155150	MULTIFAMILY RESIDENTIAL	WA	-15,053	1,948,706	LOW INCOME HOUSING INSTITUTE
LIHI 1253 SOUTH JACKSON LLC 2407 FIRST AVENUE STE 200 SEATTLE, WA 98121 94-3155150	MULTIFAMILY RESIDENTIAL	WA	8,209	1,040,626	LOW INCOME HOUSING INSTITUTE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ANDOVER COURT ASSOCIATES LLC 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 91-2020180	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	-4	354		No		Yes		
CEDARWOOD II ASSOCIATES LLC 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 91-2130368	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	-9	282		No		Yes		
CHESTER MANOR LLC 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 04-3657130	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	-27	621		No		Yes		
FRYE BUILDING LP 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 91-1896315	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	-40	1,162		No		Yes		
JENSEN BLOCK LP 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 91-1640431	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	-145	2,770		No		Yes		
LAKEVIEW APARTMENTS LP 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 91-1939984	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	-89,986	516	Yes			Yes		
LIHI AUBURN ASSOCIATES LLC 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 91-1961172	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	-47,928	139	Yes			Yes		
LIHI CEDAR HEIGHTS ASSOCIATES LLC 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 91-2040808	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	-78,307	205	Yes			Yes		
LIHI DENNY PARK LLC 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 77-0597271	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	-33	935		No		Yes		
LIHI MEADOWBROOK ASSOCIATES LLC 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 91-2038501	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	-25	765		No		Yes		
LIHI NORTHWEST 85TH LLC 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 91-2122605	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	-10	580		No		Yes		
LIHI PENNEY ASSOCIATES LLC 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 91-2126383	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	8,659	386	Yes			Yes		
LIHI PINE CITY ASSOCIATES LLC 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 41-2025542	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	-15	429		No		Yes		
LIHI RAINIER ASSOCIATES LLC 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 91-1961173	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	-4	152		No		Yes		
LIHI SUNSET MEADOWS LLC 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 20-2034481	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	-12	303		No		Yes		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MAGNOLIA VILLA ASSOCIATES LLC 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 91-1961274	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	-58,649	132		No		Yes		
STONE VIEW VILLAGE II LP 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 91-1932113	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	-134	3,347		No		Yes		
FLEETWOOD LP 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 91-1676852	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED		2,415	Yes			Yes		
JULIE APARTMENTS LP 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 91-1901841	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	-122,665	561	Yes			Yes		
STONE VIEW VILLAGE I LP 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 91-1868238	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	-109	2,739		No		Yes		
LIHI FIR VILLAGE LLC 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 20-2034416	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	-8	255		No		Yes		
CASCADE SENIOR HOUSING LP 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 20-8615205	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	-37	1,197		No		Yes		
LIHI LAKE CITY COURT LLC 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 26-1641365	LOW INCOME HOUSING	WA	LOW INCOME HOUSING INSTITUTE	UNRELATED	67,868	1,327	Yes			Yes		
47TH STREET DEVELOPMENT LLLP 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 27-2142614	LOW INCOME HOUSING	WA	LIHI UNIVERSITY APARTMENTS LLC	UNRELATED	-71	1,345		No		Yes		
2010 JACKSON STREET LLLP 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 27-3388467	LOW INCOME HOUSING	WA	LIHI 20TH STREET LLC	UNRELATED		1,040		No		Yes		
COPPER LANTERN APARTMENTS LLLP 2407 FIRST AVENUE SUITE 200 SEATTLE, WA 98121 45-3540431	LOW INCOME HOUSING	WA	LIHI KENMORE APARTMENTS LLC	UNRELATED	-20	319		No		Yes		

--> **Form 990, Schedule R, Part V - Transactions With Related Organizations**

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
LIHI BELLEVUE LLC	A	17,564	
ROOSEVELT DEVELOPMENT LLLP	A	14,324	
57TH NW DEVELOPMENT LLLP	A	12,250	
LIHI LAKE CITY COURT LLC	B	2,370	
COPPER LANTERN APARTMENTS LLLP	B	100	
COPPER LANTERN APARTMENTS LLLP	D	24,521	
JULIE APARTMENTS LP	L	36,044	
LIHI MEADOWBROOK ASSOCIATES LLC	L	153,426	
FRYE BUILDING LP	B	90,347	
JENSEN BLOCK LP	B	28,022	
LIHI PENNEY ASSOCIATES LLC	B	1,026	
LIHI SUNSET MEADOWS	B	3,455	
MAGNOLIA VILLA ASSOCIATES LLC	D	235,432	
JULIE APARTMENTS LP	K	18,980	
LIHI MEADOWBROOK ASSOC LLC	K	24,518	
2010 JACKSON STREET LLLP	L	554,292	
47TH STREET DEVELOPMENT LLLP	L	31,740	
ANDOVER COURT ASSOCIATES LLC	L	75,451	
CASCADE SENIOR HOUSING LP	L	73,082	
CEDARWOOD II ASSOCIATES LLC	L	86,681	
CHESTER MANOR LLC	L	44,820	
COPPER LANTERN APARTMENTS LLLP	L	1,785	
FLEETWOOD LP	L	21,187	
FRYE BUILDING LP	L	427,251	
JENSEN BLOCK LP	L	142,905	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
LAKEVIEW APARTMENTS LP	L	52,886	
LIHI AUBURN ASSOCIATES LLC	L	62,355	
LIHI CEDAR HEIGHTS ASSOCIATES LLC	L	108,820	
LIHI DENNY PARK LLC	L	46,809	
LIHI LAKE CITY COURT LLC	L	32,943	
LIHI NORTHWEST 85TH LL	L	48,997	
LIHI PENNEY ASSOCIATES LLC	L	18,774	
LIHI PINE CITY ASSOCIATES LLC	L	65,510	
LIHI RAINIER ASSOCIATES LLC	L	68,199	
LIHI SUNSET MEADOWS	L	52,074	
MAGNOLIA VILLA ASSOCIATES LLC	L	45,323	
STONE VIEW VILLAGE I LP	L	14,127	
STONE VIEW VILLAGE II LP	L	50,172	
47TH STREET DEVELOPMENT LLLP	Q	190,813	
ANDOVER COURT ASSOCIATES LLC	Q	23,120	
CASCADE SENIOR HOUSING LP	Q	87,304	
CEDARWOOD II ASSOCIATES LLC	Q	69,993	
CHESTER MANOR LLC	Q	82,484	
COPPER LANTERN APARTMENTS LLLP	Q	12,696	
FLEETWOOD LP	Q	63,890	
FRYE BUILDING LP	Q	799,854	
JENSEN BLOCK LP	Q	67,884	
JULIE APARTMENTS LP	Q	106,632	
LAKEVIEW APARTMENTS LP	Q	95,379	
LIHI AUBURN ASSOCIATES LLC	Q	76,489	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
LIHI CEDAR HEIGHTS ASSOCIATES LLC	Q	116,850	
LIHI DENNY PARK LLC	Q	92,622	
LIHI LAKE CITY COURT LLC	Q	275,983	
LIHI MEADOWBROOK ASSOC LLC	Q	89,045	
LIHI NORTHWEST 85TH LL	Q	61,637	
LIHI PENNEY ASSOCIATES LLC	Q	26,401	
LIHI PINE CITY ASSOCIATES LLC	Q	81,625	
LIHI RAINIER ASSOCIATES LLC	Q	48,249	
LIHI SUNSET MEADOWS	Q	52,399	
MAGNOLIA VILLA ASSOCIATES LLC	Q	69,727	
STONE VIEW VILLAGE I LP	Q	50,091	
STONE VIEW VILLAGE II LP	Q	67,235	