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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

OMB No 1545-0047

Inspection

benefit trust or private foundation)

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

Open to Public

, <u>A</u> F	or the	2012 calendar year, or tax year beginning OCT 1, 2012 and end	ding S	EP 30, 2013	<u> </u>					
	Check if	C Name of organization		D Employer identific	cation number					
<b>∞</b>	TiAddres	S Novele - Accietoma Compil								
	_change Name _change			52-0939288						
	□Glange □Initial □return		om/suite	E Telephone number						
	Termin	1			)842-8600					
<u> </u>	Amend return	City, town, or post office, state, and ZIP code		G Gross receipts \$	51,051,250.					
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Applica Luon Pendin	washington, be 20005	-	H(a) Is this a group re						
	P 5.10.11.	F Name and address of principal officer: Theodole Russell	i ~~+	for affiliates?	Yes X No					
		1025	527		luded? Yes No					
		mpt status: X 501(c)(3) 501(c)( ) ( (Insert no ) 4947(a)(1) or Le: ▶ www.ruralhome.org	327	H(c) Group exemption	•					
			L Year o		State of legal domicile_DC					
		Summary	1 4 100/0		Otate of logal dollinons					
		Briefly describe the organization's mission or most significant activities: The exc	empt	purpose is	to improve					
<u>ଣ</u> ୍ଡୋ≒ & Governance		housing conditions for the rural poor, wit								
~ Ĕ	2 (	Check this box Fig. 1 if the organization discontinued its operations or disposed	of more	than 25% of its net as						
روس الله المراسطة	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	26					
<b>3</b> &		Number of independent voting members of the governing body (Part VI, line 1b)		4	18					
ities €	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	46					
Activities	L	Total number of volunteers (estimate if necessary) .		6	0					
Activ	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
=ಾ	, b I	Net unrelated business taxable income from Form 990-T, line 34		7b	<del></del>					
	8 (	Contributions and grants (Part VIII. Inc. 1h)		Prior Year 10,159,521.	Current Year 12,953,119.					
NEVENUE Revenue		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		793,930.	896,848.					
		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		590,845.	514,205.					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
SON Revenue		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,544,296.	14,364,172.					
Up-		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
es	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,640,488.	3,774,795.					
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ă	p.	Total fundraising expenses (Part IX, column (D), line 25)	<u>•</u>							
w	į.	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	7,434,259.	7,709,323.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,074,747.	11,484,118.					
-8	19	Revenue less expenses. Subtract line 18 from line 12		469,549.	2,880,054.					
Net Assets or Fund Balances	20 -	Tabel annaba (Darb V. lina 40)		ginning of Current Year 57, 153, 163.	End of Year 59,508,723.					
Ass(  Bal	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		17,151,154.	17,073,217.					
Set	22	Net assets or fund balances. Subtract line 21 from line 20	_	40,002,009.	42,435,506.					
	art II	Signature Block			11/10/000					
		tites of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of m	y knowledge and belief, it is					
		t, and complete Declaration of preparer (other than officer) is based on all information of which								
		1 Turi > -		5.7.1	4					
Sig	n	Signatule of officer		Date	(					
Her	e	Moises Loza, Executive Director		<u></u>						
		Type or print name and title	16	lata a .	DTIN					
Da!	.	Print/Tyce preparer's name PEY138A Chance Manuer Toyn 60 W	4	Check C	PTIN - DO 1 4 6 0 1 8 9					
Paid	arer	Character Constitution Constitution	14	1	± №1469189 52-1758168					
	Only	Firm's address 4800 Hampden Lane, Suite 200		Firm's EIN	JZ-1/JUIUU -					
550		Bethesda, MD 20814		Phone no (	301)565-4221					
Ma	the IF	RS discuss this return with the preparer shown above? (see instructions)		1	Yes No					
		2-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2012)					

Form 990 (2012)	Housing	Assi
Part IV Checklist	of Required Sch	edules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u>
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	X	
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_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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	_	X
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	···········	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	_X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	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	اممه		X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
9	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		х
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		<del></del>
120	Schedule D. Parts XI and XII	12a	х	
<b>.</b>	Was the organization included in consolidated, independent audited financial statements for the tax year?			
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_==	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
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		X
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Ļ	L
		Form	990	(2012)

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Form 990 (2012) Housing Assistance Council

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			v
	United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<del></del>
25	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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? If "Yes," complete Schedule L, Part II	26	X	
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? If "Yes," complete Schedule L, Part III	27		X
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		v
^^	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
2 <del>9</del>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
	Schedule N. Part II	32		Х
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u>	(2012)
		LOIM	JJU	(2012)

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t. 61)	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	1a	5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and i	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	X	L
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	46			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer	action?	?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anızatıon solicit			,.
	any contributions that were not tax deductible as charitable contributions?			6a_		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions c	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			l _		.,
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b_		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	julred	<b> </b>		х
	to file Form 8282?		I	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d_	-40	7-		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		Ctr	7e 7f		
†	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		200 an required?	7g		
9	If the organization received a contribution of qualified intellectual property, did the organization file F If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79_ 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			<del> </del>		
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		
9	Sponsoring organizations maintaining donor advised funds.	curry co	no during the your	<del></del>		
а	Did the organization make any taxable distributions under section 4966?			9a	•	1
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter.					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		]		
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b		]		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	າ 1041	?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	ļ	ļ
	Note. See the instructions for additional information the organization must report on Schedule O.			}		
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b		1		
	Enter the amount of reserves on hand	13c	<u> </u>	<u> </u>		<u></u>
	Did the organization receive any payments for indoor tanning services during the tax year?			14a	ļ. —	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		<u> </u>
				Form	990	(2012)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

1	to line 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			X							
Sec	tion 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 26										
-	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 18										
	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		X							
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		X							
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?											
5 Did the organization become aware during the year of a significant diversion of the organization's assets?											
6 Did the organization have members or stockholders?											
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		X							
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		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following										
а	The governing body?	8a	X								
Ь											
9	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		<u> </u>							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
	Did the organization have local chapters, branches, or affiliates?	10a		X							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10ь									
and branches to ensure their operations are consistent with the organization's exempt purposes?											
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
<b>b</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											
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	۱.,		v							
	in Schedule O how this was done	12c	Х	X							
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	Λ								
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?	45-	Х	ĺ							
	The organization's CEO, Executive Director, or top management official	15a 15b	X	<u> </u>							
Þ	Other officers or key employees of the organization	130									
18-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
ioa	· · · · · · · · · · · · · · · · · · ·	16a		Х							
_	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
b	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ļ									
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure	1									
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶ None										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	le								
-	for public inspection, Indicate how you made these available. Check all that apply.										
	X Own website Another's website X 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, ar	d finar	ncial								
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:											
The Corporation - 202-842-8600											
সুসুস্কর	1025 Vermont Avenue, NW, Washington, DC, # 600 20005										
23200	ں 1.12	Forn	ı 990	(2012)							

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

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

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

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

(A) Name and Title	(B) Average	(C) Position (do not check more than one		<b>(D)</b> Reportable	<b>(E)</b> Reportable	(F) Estimated				
	hours per	box	, unle	ss pe	rson	tnan is bot or/trus	h an	compensation	compensation	amount of
	week (list any hours for related organizations	stee or director	Institutional trustee			Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
	below line)	divide	stita	Officer	Кеу етріоуее	ighest moley	Former			organizations
(1) Twila Martin-Rekahbah	0.60	<u> </u>	_	-	×	<b> </b>	Œ.			
Board Chair		X		Х				0.	0.	0
(2) Polly Nichol	1.00									
Board President		X	İ	X		İ		0.	0.	0
(3) Andrew Bias	0.60	ľ								
Vice President		X	L	Х				0.	0.	0
(4) Sandra Ferniza	0.60									
Secretary		X		X		ļ		0.	0.	0
(5) Richard Tucker	0.60									
Treasurer		X		X				0.	0.	0
(6) Peter Carey	1.00									
Board of Director		X				ļ		0.	0.	0
(7) Robert Calvillo	0.80									
Board of Director		X				L		0.	0.	0
(8) William Powers	0.50									
Board of Director		X						0.	0.	0
(9) Pedro Rodriguez	0.60				İ				_	
Board of Director		Х		<u>.</u>	<u> </u>	$oxed{oxed}$		0.	0.	0
(10) Irene Sikelianos	0.60				]		].	_	_	
Board of Director		X	<u> </u>		_			0.	0.	0
(11) Lauriette West-Hoff	0.90				ŀ			_		_
Board of Director		X	_		<u> </u>	<u> </u>		0.	0.	0
(12) Swynice Hawkins	0.60									
Board of Director		X	<u> </u>		<u> </u>	<u> </u>		0.	0.	0
(13) Dave Lollis	0.30	ĺ.,					[			
Board of Director		X	<u> </u>		_			0.	0.	0
(14) Arturo Lopez	0.60	<b>↓</b>						^		
Board of Director		X	<u> </u>	-	<u> </u>	<u> </u>	<u>.</u>	0.	0.	0
(15) Maria Luisa Mercado	0.30	١				1		_	_	_
Board of Director	0.00	X				_		0.	0.	0
(16) Gideon Anders	0.80	١						^	_	_
Board of Director	0 30	X	<b>├</b> —	_	$\vdash$	<u> </u>		0.	0.	0
(17) Joe Debro	0.30	ا ا		l	1			_	^	_
Board of Director		X	<u> </u>	Щ.	<u> </u>			0.	0.	Form <b>990</b> (2012

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Form 990 (2012) Housing	<u>Assista</u>	nce	e (	<u>C01</u>	un	<u>ci</u>	<u>1                                    </u>		<u>52-</u> 09	39	<u> 288</u>	P	age 8
Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)	Π			C)			(D)	(E)			(F)	
Name and title	Average			Pos				Reportable	Reportable		Est	timate	∍d
	hours per	box	c, unle	ess pe	erson	than is bo	th an	compensation	compensation	1	am	ount	of
	week	offi	cer ar	nd a c	direct	or/trus	stee)	from	from related		(	other	
	(list any	director						the	organizations		comp	pensa	ition
	hours for	l 8	。	1	l	E E		organization	(W-2/1099-MIS	C)		om th	
	related	<u>\$</u>	置	1		Bens		(W-2/1099-MISC)				anızat	
	organizations below	투	ag		§	E 8					l	relat	
	line)	Individual	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former				orga	nızatı	ons
(18) Ninfa Gutierrez	0.30	╁	-	10	1 2	II 65	╫						
Board of Director		X			ľ	1	1	0.	1	0.	1		0.
(19) Lenin Juarez	0.30						1						
Board of Director		X						0.		0.			0
(20) The Hon. Bennie Thompson	0.10		Ī										
Board of Director		X	<u> </u>		<u> </u>	$oxed{oxed}$	<u> </u>	0.		0.			0
(21) Dazetta Thorne	0.20	ļ			}								^
Board of Director	0.00	X	-	<u> </u>		╄	-	0.	-	0.	<u> </u>		0.
(22) Marvin Ginn	0.80	J						0.		0.			0.
Board of Director (23) Peggy Wright	0.30	X	├		1	╁	+	0.		0.			
Board of Director	0.30	X						0.		0.			0.
(24) Janaka Casper	0.40		1			<del>                                     </del>							
Board of Director		X				<u> </u>		0.		0.			0
(25) Ilene Jacobs	0.70									_			_
Board of Director	40-00	X	<u> </u>		ļ	<u> </u>	1	0.		0.	<u> </u>		0.
(26) Karin Klusmann	40.00			v		J		122 102		Ο.			Λ
Loan Fund Director/Asst. S		l	<u></u>	X	<u> </u>	X	L	132,192. 132,192.		0.	<del> </del>		0.
1b Sub-total c Total from continuation sheets to Part V	II Castian A							501,197.		0.			0.
d Total (add lines 1b and 1c)	ii, Section A							633,389.		0.	<b></b>		0.
Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	ho re	<del></del>			·		
compensation from the organization						_,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3
	<del>-</del> -											Yes	No
3 Did the organization list any former officer	, director, or tri	uste	e, ke	еу ег	mplo	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4 For any individual listed on line 1a, is the si									the organization				
and related organizations greater than \$15											4	X	<del></del>
5 Did any person listed on line 1a receive or					•	•	relat	ed organization or indivi	idual for services		_		Х
rendered to the organization? If "Yes," con Section B. Independent Contractors	npietė Schedui	e J i	or s	ucn	per	son		<del></del>			5		Λ
Complete this table for your five highest co	ompensated in	dep	ende	ent c	cont	racto	ors t	hat received more than	\$100,000 of com	ens	ation fr	om	
the organization. Report compensation for	-	-											
(A)								(B)			(C	)	
Name and business	address	N	ОМІ	E				Description of s	services	C	compen	satio	n
							- 1						
	<u></u>							<del></del>				_	
									1				
							T						
	<del>-</del>							<del></del>					
2 Total number of Independent contractors (	including but a	not li	mite	d to	tho	ا مور	ster	l above) who received a	ore than			·	
- Total number of independent contractors (	moleculing Dut I	.Ot 11		(0		,30 il	31 <del>0</del> 0	AND TO MIND ISCONDED II	ioro man				

\$100,000 of compensation from the organization ► 0
See Part VII, Section A Continuation sheets

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (A) (B) (C) (D) (E) Position Reportable Reportable Estimated Name and title Average hours (check all that apply) compensation compensation amount of other from from related per organizations compensation the week Highest compensated employe (W-2/1099-MISC) Individual trustee or director organization from the (list any organization (W-2/1099-MISC) hours for Institutional frustee and related related Key employee organizations organizations below Officer line) 40.00 (27) Theodore Russell 0. 94,183. 0. X Asst. Treasurer/ Director 40.00 (28) Joseph Belden 0. 169,728. 0.  $\mathbf{X} \mid \mathbf{X} \mid \mathbf{X}$ Assistant Secretary 40.00 (29) Moises Loza 0. 0.  $\mathbf{X} \mid \mathbf{X}$ 237,286. Board of Director 501,197. Total to Part VII, Section A, line 1c

enue Contributions, Giffs, Grar enue and Other Similar Amour	b	Check if Schedule O contain  Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contribution  All other contributions, gifts, grants  similar amounts not included above  Noncash contributions included in lines 1st  Total. Add lines 1a-1f  Loan interest & fees  Conferences  Other Income  Publications & wkshops  Loss from Subsidiary  All other program service reven	1a 1b 1c 1d 1d nns) 1e , and	12,314,524.  638,595.  Business Code 900099 900099 900099	12,953,119.  693,403.  145,156.  66,066.	(B) Related or exempt function revenue  693,403. 145,156.	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	b	Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines 1: Total. Add lines 1a-1f  Loan interest & fees Conferences Other Income Publications & wkshops Loss from Subsidiary All other program service reven	1b 1c 1d 1d	638,595.  Business Code 900099 900099	693,403. 145,156.			
	b	Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines 1: Total. Add lines 1a-1f  Loan interest & fees Conferences Other Income Publications & wkshops Loss from Subsidiary All other program service reven	ns) 1e and 1f	638,595.  Business Code 900099 900099	693,403. 145,156.			
	e i i i i i i i i i i i i i i i i i i i	Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines to Total. Add lines 1a-1f  Loan interest & fees Conferences Other Income Publications & wkshops Loss from Subsidiary All other program service reven	1d   1e	638,595.  Business Code 900099 900099	693,403. 145,156.			
	d i i i i i i i i i i i i i i i i i i i	Related organizations Government grants (contribution) All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines 1st Total. Add lines 1a-1f  Loan interest & fees Conferences Other Income Publications & wkshops Loss from Subsidiary All other program service reven	1d   1e	638,595.  Business Code 900099 900099	693,403. 145,156.			
	e ()	Government grants (contribution All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines 1: Total. Add lines 1a-1f  Loan interest & fees  Conferences Other Income  Publications & wkshops  Loss from Subsidiary  All other program service reven	ns) 1e , and	638,595.  Business Code 900099 900099	693,403. 145,156.			
	s	All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines 1st Total. Add lines 1a-1f  Loan interest & fees  Conferences Other Income  Publications & wkshops  Loss from Subsidiary  All other program service reven	, and <b>1f</b>	638,595.  Business Code 900099 900099	693,403. 145,156.			
	3 in	similar amounts not included above Noncash contributions included in lines 1a  Total. Add lines 1a-1f  Loan interest & fees Conferences Other Income Publications & wkshops Loss from Subsidiary All other program service reven	1f	Business Code 900099 900099 900099	693,403. 145,156.			
	a la la la la la la la la la la la la la	Noncash contributions included in lines 1st  Total. Add lines 1s-1f  Loan interest & fees  Conferences  Other Income  Publications & wkshops  Loss from Subsidiary  All other program service reven	<u> </u>	Business Code 900099 900099 900099	693,403. 145,156.			
	h in in in in in in in in in in in in in	Total. Add lines 1a-1f  Loan interest & fees  Conferences  Other Income  Publications & wkshops  Loss from Subsidiary  All other program service reven		Business Code 900099 900099 900099	693,403. 145,156.			
	a la la la la la la la la la la la la la	Loan interest & fees Conferences Other Income Publications & wkshops Loss from Subsidiary All other program service reven		900099 900099 900099	145,156.			
Agram Service Revenue		Conferences Other Income Publications & wkshops Loss from Subsidiary All other program service reven		900099 900099 900099	145,156.			
Aevenue		Conferences Other Income Publications & wkshops Loss from Subsidiary All other program service reven		900099		145,156.		
Aevenue	c d	Other Income Publications & wkshops Loss from Subsidiary All other program service reven						
Reve	d i	Publications & wkshops Loss from Subsidiary All other program service reven		900099		66,066.		
gar	e !	Loss from Subsidiary All other program service reven			290.	290.		
	f ,	All other program service reven		900003	<8,067.	<8,067.	•	
مة ا	9		ue					
	ı	Total. Add lines 2a-2f		<b>•</b>	896,848.			
3		Investment income (including d	lividends, inte	est, and				
		other similar amounts)		▶	633,552.			633,552.
4		Income from investment of tax-	exempt bond	proceeds ►				
5		Royalties	·	` ▶ [				
		[	(i) Real	(II) Personal				
6 8	а	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		<b>&gt;</b>				
7 :	а	Gross amount from sales of	(i) Securities	(iı) Other				
		assets other than inventory	36,567,731					
	b	Less: cost or other basis						
		and sales expenses	36,687,078					
(	С	Gain or (loss)	<119,347	.>				
	d	Net gain or (loss)		<b>•</b>	<119,347.	>		<119,347.
g 8	а	Gross income from fundraising	events (not					
<u> </u>		including \$	of					
ě		contributions reported on line 1	1c). See					
<u> </u>		Part IV, line 18	ŧ	9				
Other Revenu	þ	Less: direct expenses	1	·				
Ŭ   ·	C	Net income or (loss) from funda	raising events	<u> </u>				
9 (	а	Gross income from gaming act	ivities. See	1				
		Part IV, line 19	•	•				}
		Less: direct expenses		b				
		Net income or (loss) from gami		<b>D</b>				
10	а	Gross sales of inventory, less r	eturns					
		and allowances		a				
		Less: cost of goods sold		b				
	С	Net income or (loss) from sales		<u> </u>				
		Miscellaneous Revenue	·	Business Code				
11	а				<del></del>	<del> </del>	<del></del>	
	b					<u> </u>		
	C			<del>   </del>		<del> </del>		
		All other revenue					· · · · · · · · · · · · · · · · · · ·	
		Total. Add lines 11a-11d			14 364 170	906 949	0.	514,205.
232009 12-10-12		Total revenue. See instructions			14,364,172.	896,848.	<u> </u>	Form <b>990</b> (2012)

# Form 990 (2012) Housing Assistance Council Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	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,	720 024	541 270	170 554	
	trustees, and key employees	720,824.	541,270.	179,554.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2,220,319.	1,670,303.	550,016.	
7	Other salaries and wages	۷,۷۷0,313.	1,0/0,303.	330,010.	
8	Pension plan accruals and contributions (include	98,410.	75,587.	22,823.	
_	section 401(k) and 403(b) employer contributions)	537,104.	412,538.	124,566.	··
9	Other employee benefits	198,138.	152,186.	45,952.	
10 11	Payroll taxes Fees for services (non-employees):	170,100.	132,100.		
11	Management				
a	· ·	38,458.	35,360.	3,098.	
b	Legal	80,000.	73,556.	6,444.	·- ·
c d	Accounting Lobbying	30,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
я	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A) amount, list line 11g expenses on Sch 0)				
12	Advertising and promotion				
13	Office expenses	68,320.	53,353.	14,967.	
14	Information technology	·			
15	Royalties				
16	Occupancy	493,033.	381,371.	111,662.	
17	Travel .	246,502.	156,525.	89,977.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	316,840.	316,840.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,710.	8,567.	3,143.	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	CHOR lease convented to	3,111,510.	3,111,510.		
b	Pass-throughs	1,047,641.	1,047,641.		
c	Bad debt expense/(recov	981,112.	981,112.		
d	Other professional fees	443,659.	407,923.	35,736.	
_	All other expenses	870,538.	721,801.	148,737.	
25	Total functional expenses. Add lines 1 through 24e	11,484,118.	10,147,443.	1,336,675.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response to any	ques	tion in this Part X			
					<b>(A)</b> Beginning of year		( <b>B)</b> End of year
	1	Cash · non-interest-bearing			90,390.	1	31,806.
	2	Savings and temporary cash investments			32,039,956.	2	31,438,640.
	3	Pledges and grants receivable, net			2,760,117.	3	2,105,808.
	4	Accounts receivable, net			• • • • • • • • • • • • • • • • • • • •	4	
	5	Loans and other receivables from current and fo	rmer o	officers, directors.		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		trustees, key employees, and highest compensation		· · · · · · · · · · · · · · · · · · ·			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	ersons (as defined under			
		section 4958(f)(1)), persons described in section		· · ·			
		employers and sponsoring organizations of sect					
		employees' beneficiary organizations (see instr).				6	
ets	7	Notes and loans receivable, net			20,088,070.	7	24,075,889.
Assets	8	Inventories for sale or use		·	· · · · · · · · · · · · · · · · · · ·	8	· · · · · · · · · · · · · · · · · · ·
•	9	Prepaid expenses and deferred charges		Ī	135,768.	9	74,813.
	10a			l			
		basis. Complete Part VI of Schedule D	10a	128,051.			
	ь		10ь	128,051. 112,434.	27,330.	10c	15,617.
	11	Investments - publicly traded securities	· · · · · · · · · · · · · · · · · · ·	11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line	1,458,208.	13	1,234,138.		
	14	Intangible assets		·	· · · · · · · · · · · · · · · · · · ·	14	
	15	Other assets. See Part IV, line 11		Ţ	553,324.	15	532,012.
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	57,153,163.	16	59,508,723.
	17	Accounts payable and accrued expenses			621,866.	17	614,797.
	18	Grants payable		18			
	19	Deferred revenue			51,420.	19	51,420.
	20	Tax-exempt bond liabilities				20	
Š	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D	•	21	
Liabilities	22	Loans and other payables to current and former	office	rs, directors, trustees,			
ab.		key employees, highest compensated employee	es, and	I disqualified persons.			
<u> </u>		Complete Part II of Schedule L			12,761.	22	13,150.
	23	Secured mortgages and notes payable to unrela	ated th	ird parties	16,444,544.	23	13,150. 16,393,407.
	24	Unsecured notes and loans payable to unrelate		1		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines					
		Schedule D			20,563.	25	443.
	26	Total liabilities. Add lines 17 through 25			17,151,154.	26	17,073,217.
		Organizations that follow SFAS 117 (ASC 958	), che	ck here ▶ X and			
S		complete lines 27 through 29, and lines 33 ar	d 34.				
Š	27	Unrestricted net assets			8,106,581.	27	13,277,250.
Sala	28	Temporarily restricted net assets	20,299,125.	28	17,516,953.		
Ā	29	Permanently restricted net assets			11,596,303.	29	11,641,303.
Ę		Organizations that do not follow SFAS 117 (A					
Net Assets or Fund Balances		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds		30			
<b>Iss</b>	31	Paid-in or capital surplus, or land, building, or ed	quipme	ent fund		31	
et /	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
Ź	33	Total net assets or fund balances		40,002,009.	33	42,435,506.	
	34	Total liabilities and net assets/fund balances			57,153,163.	34	59,508,723.
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	TXI 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	14,36						
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,88						
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5									
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
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	42,43	5,5	<u>06.</u>				
Pa	rt 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 X Accrual Other		-						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul	∍ O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			ļ				
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2ь	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,	İ						
	consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t	he audit,		X					
	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 Sc								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ıngle Audıt							
	Act and OMB Circular A-133?		3a	<u> </u>					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit			1				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>	L				

Form **990** (2012)

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

## **Public Charity Status and Public Support**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Housing Assistance Council

**Employer identification number** 52-0939288

Part I	Reason	for Public Chari	ty Status (All organiza	ations mus	st complete	this part	.) See inst	ructions.				
The organi	zation is not a	private foundation b	pecause it is: (For lines 1	through 1	1, check o	nly one b	ox.)					
1 🔲	A church, cor	vention of churches	s, or association of churc	ches descr	nbed in sec	ction 170	(b)(1)(A)(i)					
2 🔲	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
з 🗀	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4 🔲			perated in conjunction v					(b)(1)(A)(iii	). Enter t	he hospital'	s name,	
	city, and state											
5 🔲	An organizati	on operated for the t	penefit of a college or un	iversity ov	vned or op	erated by	a governr	nental unit	describe	ed in		
	_	(b)(1)(A)(iv). (Comple										
6 🖂	A federal, sta	te, or local governme	ent or governmental unit	described	ın sectio	n 170(b)(1	)(A)(v).					
7 X			erves a substantial part o					r from the	general p	oublic desci	n bedr	
	-	b)(1)(A)(vi). (Complet										
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi). (	Complete	Part II.)							
9 🗌			eives: (1) more than 33 1			om contri	butions, m	embership	o fees, ar	nd gross rec	eipts fro	m
			octions - subject to certa									
			exable income (less sect									
	See section	<b>509(a)(2)</b> . (Complete	Part III.)									
10 🔲	An organizati	on organized and op	perated exclusively to tes	st for publi	c safety. S	ee <b>sectio</b>	n 509(a)(4	<b>)</b> ).				
11 🔲			perated exclusively for th									
	more publicly	supported organiza	itions described in section	on 509(a)(1	l) or sectio	n 509(a)(2	). See <b>sec</b>	tion 509(a	a)(3). Che	eck the box	that	
	describes the	type of supporting	organization and comple									
	a Type I				nctionally i					n-functionall		ated
e 🔛			t the organization is not									
			han one or more publicly						(a)(1) or :	section 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Typ	oe I, Type	II, or Type	e III			ı	
		rganization, check th							_		l	
9			rganization accepted an								- T	
			irectly controls, either ale	one or tog	ether with	persons c	lescribed	n (II) and (I	III) below,		Yes	No_
			upported organization?							11g(i)		
	• •	•	n described in (i) above?		-0					11g(ii) 11g(iii)	-	
•		-	person described in (i) o							119(11)	<u> </u>	
h	Provide the t	ollowing information	about the supported org	gamzanom	(S).							
				(iv) is the o	rganization	(v) Did you	i notify the	(vi) Is	the	(ull) Amount	of mono	
	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in cot (i) lis		organizat		organizatio (i) organiz	on in col 1	(vii) Amount sup		lary
orga	anization			governing			r support?	US	?	000	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
						-						
								İ				
	-											
				<u> </u>								
Total		<u></u>		<u></u>				<u> </u>				
LHA For f	Paperwork Re	duction Act Notice	, see the Instructions f	or				Schedul	e A (For	m 990 or 99	10-EZ) 2	012
Form 990	or 990-EZ.											

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	9536574.	14006415.	14239508.	10159521.	12125346.	60067364.
2	Tax revenues levied for the organ-						
	ızatıon'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	9536574.	14006415.	14239508.	10159521.	12125346.	60067364.
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					<u> </u>	60067364.
Sec	ction B. Total Support				·		
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	9536574.	14006415.	14239508.	10159521.	12125346.	60067364.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		]				
	and income from similar sources	681,655.	228,119.	178,511.	665,197.	620,902.	2374384.
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.)						150.115.10
11	Total support. Add lines 7 through 10		<u> </u>				62441748.
12							1,025,964.
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	. —
_	organization, check this box and stop	here					<u> </u>
	ction C. Computation of Publ					T	96.20 %
14	Public support percentage for 2012 (			column (f))		14	0 = 40
15						15	
16a	33 1/3% support test - 2012. If the				14 IS 33 1/3% or	more, check this b	oox and  ▶ X
	stop here. The organization qualifies						
k	33 1/3% support test - 2011. If the				d line 15 is 33 1/35	% or more, cneck	tnis box
	and stop here. The organization qua				40.4040.		/
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art iv now the orga	anization
	meets the "facts-and-circumstances"					474 444 144 47 11	<del></del>
ı	10% -facts-and-circumstances tes						
	more, and if the organization meets t						ie 🛌
	organization meets the "facts-and-cir						
<u>18</u>	Private foundation. If the organization	on did not check a	DOX ON line 13, 16	oa, 160, 1/a, or 1/			
					əcn	edule A (FORM 99	0 or 990-EZ) 2012

# Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support	***					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	<b>(b)</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 bus- iness under section 513						
	Tax revenues levied for the organ-					-	
4	ization's benefit and either paid to						
	or expended on its behalf				ľ		
=	'			<del> </del>	<del> </del>		
Ð	The value of services or facilities furnished by a governmental unit to						
	the organization without charge					<u> </u>	
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						
	Public support (Subtract line 7c from line 6)				, ,		
	ction B. Total Support		•				
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</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						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses		1				
	acquired after June 30, 1975						
	Add lines 10a and 10b  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)				1	<u></u>	
	First five years. If the Form 990 is for	the organization'	's first, second, the	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here	<del></del>					<u>▶</u>
Se	ction C. Computation of Publ	<u>ic Support Pe</u>	ercentage				
15	Public support percentage for 2012 (	ine 8, column (f) o	divided by line 13,	column (f))		15	<u>%</u>
_	Public support percentage from 2011	•		<del></del>	<u>.                                    </u>	16	%
Se	ction D. Computation of Inve	stment Incom	<u>ne Percentage</u>	)		<del></del>	
17	Investment income percentage for 20	)12 (line 10c, colu	mn (f) divided by I	ine 13, column (f))		17	%
18	• •					18	%
198	a 33 1/3% support tests - 2012. If the	-					17 is not
	more than 33 1/3%, check this box a						▶∟
t	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t			<u> </u>
2320	23 12-04-12				Sc	hedule A (Form 99	90 or 990-EZ) 2012

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

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

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

- Section 501(c)(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.

<ul> <li>Section 501(c)(4), (5), or lame of organization</li> </ul>					Employer identifica	tion numbe
Н	ousing Assist	ance Coun	cil		52-093	9288
Part I-A Complete	if the organization	is exempt und	er section 501(c	) or is a section 5	27 organization	
1 Provide a description o	f the organization's direct	and indirect politication	al campaign activities	in Part IV.	_	
2 Political expenditures					<b>&gt;</b> \$	
3 Volunteer hours						
Part I-B Complete	if the organization	is exempt und	er section 501(c	)(3)		
1 Enter the amount of an	y excise tax incurred by th	e organization und	er section 4955		<b>&gt;</b> \$	
2 Enter the amount of an	y excise tax incurred by or	rganization manage	ers under section 495	5	<b>\$</b>	pie Pier
3 If the organization incur	rred a section 4955 tax, di	d it file Form 4720	for this year?		Yes	L No
4a Was a correction made					Yes	Li No
b if "Yes," describe in Pa		is avament und	or costion FO1/s	\ avant aastien	E04/a)/2)	
***************************************	if the organization		<del></del>	···		
1 Enter the amount direct	• • •	-	· · · · · · · · · · · · · · · · · · ·		<b>S</b>	
2 Enter the amount of the		s contributed to otr	ner organizations for	section 527	<b>▶</b> s	
<ul><li>exempt function activit</li><li>Total exempt function e</li></ul>		and 2 Entar hara a	nd on Form 1120-PO	Ī	• •	
3 Total exempt function 6	expenditures. Add lines 1 a	and 2. Enter here a	na on Form i 120-FO	L,		
lino 17h					<b>•</b> •	
line 17b  A Did the filing organization	on file <b>Form 1120-PO</b> L for	r this year?			▶\$	No.
4 Did the filing organization	on file Form 1120-POL for		N) of all section 527 r	olitical organizations to	Yes	□ No
<ul><li>4 Did the filing organization</li><li>5 Enter the names, address</li></ul>	esses and employer identif	fication number (Elf			Yes which the filing orga	anization
<ul><li>4 Did the filing organization</li><li>5 Enter the names, address</li><li>made payments. For each</li></ul>		fication number (Elf ter the amount paid	i from the filing organ	ization's funds. Also en	Yes  which the filing organizer the amount of po	anization olitical
<ul> <li>Did the filing organization</li> <li>Enter the names, address</li> <li>made payments. For eacontributions received</li> </ul>	esses and employer identif ach organization listed, ent	fication number (EII ter the amount paid rectly delivered to a	i from the filing organ a separate political or	ization's funds. Also en ganization, such as a se	Yes  which the filing organizer the amount of po	anization olitical
<ul> <li>Did the filing organization</li> <li>Enter the names, address</li> <li>made payments. For eacontributions received political action committee</li> </ul>	esses and employer identificated organization listed, entithat were promptly and diffee (PAC). If additional spa	fication number (EII ter the amount paid rectly delivered to a lice is needed, prov	i from the filing organ a separate political or ide information in Pa	ganization's funds. Also en ganization, such as a se t IV.	which the filing organter the amount of poeparate segregated	anization blitical fund or a
<ul> <li>Did the filing organization</li> <li>Enter the names, address</li> <li>made payments. For eacontributions received</li> </ul>	esses and employer identificated organization listed, entithat were promptly and diffee (PAC). If additional spa	fication number (EII ter the amount paid rectly delivered to a	i from the filing organ a separate political or	nization's funds. Also en ganization, such as a se t IV.  (d) Amount paid fi filing organization	which the filing organiter the amount of popularite segregated from (e) Amount on's	anization olitical fund or a of political received and
Did the filing organization     Enter the names, address made payments. For eacontributions received political action committee.	esses and employer identificated organization listed, entithat were promptly and diffee (PAC). If additional spa	fication number (EII ter the amount paid rectly delivered to a lice is needed, prov	i from the filing organ a separate political or ide information in Pa	nization's funds. Also en ganization, such as a se t IV.  (d) Amount paid fi	o which the filing organiter the amount of popularite segregated from (e) Amount contributions promptly a	anization blitical fund or a of political received and nd directly
Did the filing organization     Enter the names, address made payments. For eacontributions received political action committee.	esses and employer identificated organization listed, entithat were promptly and diffee (PAC). If additional spa	fication number (EII ter the amount paid rectly delivered to a lice is needed, prov	i from the filing organ a separate political or ide information in Pa	nization's funds. Also en ganization, such as a se t IV.  (d) Amount paid fi filing organization	which the filing organiter the amount of popularite segregated from (e) Amount on's	anization blitical fund or a  of political received and nd directly a separate
<ul> <li>Did the filing organization</li> <li>Enter the names, address</li> <li>made payments. For eacontributions received political action committee</li> </ul>	esses and employer identificated organization listed, entithat were promptly and diffee (PAC). If additional spa	fication number (EII ter the amount paid rectly delivered to a lice is needed, prov	i from the filing organ a separate political or ide information in Pa	nization's funds. Also en ganization, such as a se t IV.  (d) Amount paid fi filing organization	rom (e) Amount contributions er -0	anization blitical fund or a  of political received and nd directly a separate ganization.
<ul> <li>Did the filing organization</li> <li>Enter the names, address</li> <li>made payments. For eacontributions received political action committee</li> </ul>	esses and employer identificated organization listed, entithat were promptly and diffee (PAC). If additional spa	fication number (EII ter the amount paid rectly delivered to a lice is needed, prov	i from the filing organ a separate political or ide information in Pa	nization's funds. Also en ganization, such as a se t IV.  (d) Amount paid fi filing organization	rom (e) Amount contributions promptly a delivered to political org	anization blitical fund or a  of political received and nd directly a separate ganization.
<ul> <li>Did the filing organization</li> <li>Enter the names, address</li> <li>made payments. For eacontributions received political action committee</li> </ul>	esses and employer identificated organization listed, entithat were promptly and diffee (PAC). If additional spa	fication number (EII ter the amount paid rectly delivered to a lice is needed, prov	i from the filing organ a separate political or ide information in Pa	nization's funds. Also en ganization, such as a se t IV.  (d) Amount paid fi filing organization	rom (e) Amount contributions promptly a delivered to political org	anization blitical fund or a  of political received and nd directly a separate ganization.
<ul> <li>Did the filing organization</li> <li>Enter the names, address</li> <li>made payments. For eacontributions received political action committee</li> </ul>	esses and employer identificated organization listed, entithat were promptly and diffee (PAC). If additional spa	fication number (EII ter the amount paid rectly delivered to a lice is needed, prov	i from the filing organ a separate political or ide information in Pa	nization's funds. Also en ganization, such as a se t IV.  (d) Amount paid fi filing organization	rom (e) Amount contributions promptly a delivered to political org	anization blitical fund or a  of political received and nd directly a separate ganization.
Did the filing organization     Enter the names, address made payments. For eacontributions received political action committee.	esses and employer identificated organization listed, entithat were promptly and diffee (PAC). If additional spa	fication number (EII ter the amount paid rectly delivered to a lice is needed, prov	i from the filing organ a separate political or ide information in Pa	nization's funds. Also en ganization, such as a se t IV.  (d) Amount paid fi filing organization	rom (e) Amount contributions promptly a delivered to political organization.	anization blitical fund or a  of political received and nd directly a separate ganization.
Did the filing organization     Enter the names, address made payments. For eacontributions received political action committee.	esses and employer identificated organization listed, entithat were promptly and diffee (PAC). If additional spa	fication number (EII ter the amount paid rectly delivered to a lice is needed, prov	i from the filing organ a separate political or ide information in Pa	nization's funds. Also en ganization, such as a se t IV.  (d) Amount paid fi filing organization	rom (e) Amount contributions promptly a delivered to political organization.	anization blitical fund or a  of political received and nd directly a separate ganization.
Did the filing organization     Enter the names, address made payments. For eacontributions received political action committee.	esses and employer identificated organization listed, entithat were promptly and diffee (PAC). If additional spa	fication number (EII ter the amount paid rectly delivered to a lice is needed, prov	i from the filing organ a separate political or ide information in Pa	nization's funds. Also en ganization, such as a se t IV.  (d) Amount paid fi filing organization	rom (e) Amount contributions promptly a delivered to political organization.	anization blitical fund or a  of political received and nd directly a separate ganization.
<ul> <li>Did the filing organization</li> <li>Enter the names, address</li> <li>made payments. For eacontributions received political action committee</li> </ul>	esses and employer identificated organization listed, entithat were promptly and diffee (PAC). If additional spa	fication number (EII ter the amount paid rectly delivered to a lice is needed, prov	i from the filing organ a separate political or ide information in Pa	nization's funds. Also en ganization, such as a se t IV.  (d) Amount paid fi filing organization	rom (e) Amount contributions promptly a delivered to political organization.	anization blitical fund or a  of political received and nd directly a separate ganization.
Did the filing organization     Enter the names, address made payments. For eacontributions received political action committee.	esses and employer identificated organization listed, entithat were promptly and diffee (PAC). If additional spa	fication number (EII ter the amount paid rectly delivered to a lice is needed, prov	i from the filing organ a separate political or ide information in Pa	nization's funds. Also en ganization, such as a se t IV.  (d) Amount paid fi filing organization	rom (e) Amount contributions promptly a delivered to political organization.	anization blitical fund or a  of political received and nd directly a separate ganization.
Did the filing organization     Enter the names, address made payments. For eacontributions received political action committee.	esses and employer identificated organization listed, entithat were promptly and diffee (PAC). If additional spa	fication number (EII ter the amount paid rectly delivered to a lice is needed, prov	i from the filing organ a separate political or ide information in Pa	nization's funds. Also en ganization, such as a se t IV.  (d) Amount paid fi filing organization	rom (e) Amount contributions promptly a delivered to political organization.	anization blitical fund or a  of political received and nd directly a separate ganization.
Did the filing organization     Enter the names, address made payments. For eacontributions received political action committee.	esses and employer identificated organization listed, entithat were promptly and diffee (PAC). If additional spa	fication number (EII ter the amount paid rectly delivered to a lice is needed, prov	i from the filing organ a separate political or ide information in Pa	nization's funds. Also en ganization, such as a se t IV.  (d) Amount paid fi filing organization	rom (e) Amount contributions promptly a delivered to political organization.	anization blitical fund or a  of political received and nd directly a separate ganization.
<ul> <li>Did the filing organization</li> <li>Enter the names, address</li> <li>made payments. For eacontributions received political action committee</li> </ul>	esses and employer identificated organization listed, entithat were promptly and diffee (PAC). If additional spa	fication number (EII ter the amount paid rectly delivered to a lice is needed, prov	i from the filing organ a separate political or ide information in Pa	nization's funds. Also en ganization, such as a se t IV.  (d) Amount paid fi filing organization	rom (e) Amount contributions promptly a delivered to political organization.	anization blitical fund or a  of political received and nd directly a separate ganization.

Schedule C (Form 990 or 990-EZ) 2012 HC	ousing Ass	istance Cou	ncil	52-	0939288 Page 2
Part II-A Complete if the organ	ization is exer	mpt under sectio	n 501(c)(3) and file		
(election under section		-			
		liated group (and list in	n Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share o					
B Check ▶ ☐ If the filing organization			ovisions apply.		
Limite	n I abbring Evan	ndituros		(a) Filing	(b) Affiliated group
(The term "expenditu	on Lobbying Exper ires" means amou		)	organization's totals	totals
1 a Total lobbying expenditures to influen	ce public opinion (	grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influen	ce a legislative boo	dy (direct lobbying)			
c Total lobbying expenditures (add lines	s 1a and 1b)				
d Other exempt purpose expenditures			<u> </u>		
e Total exempt purpose expenditures (a	add lines 1c and 1c	d)			
f Lobbying nontaxable amount. Enter t	he amount from the	e following table in bot	th columns.		
If the amount on line 1e, column (a) or (b	) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000,0	00 \$100,00	00 plus 15% of the exc	cess over \$500,000.		
Over \$1,000.000 but not over \$1,500	,000 \$175,00	00 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,00	0,000 \$225,00	00 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (enter			}		
h Subtract line 1g from line 1a. If zero o			·		
i Subtract line 1f from line 1c. If zero or					
j If there is an amount other than zero		line 11, did the organiz	ration file Form 4/20		Yes N
reporting section 4911 tax for this year			- C+i E01/h		res LIN
(Some organizati	4-Year Avo ons that made a s	eraging Period Under section 501(h) electio	r Section 501(n) n do not have to comp	lete all of the five	
			es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</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 labbung expenditures					

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 Housing Assistance Council 52-0939288 Page 3

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 ea	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b)	
	o lobbying activity.	Yes	No	Amour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
	Volunteers? .	3,5	X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		X	-	
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?	X		13.	759
9	Direct contact with legislators, their staffs, government officials, or a legislative body?  Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<del>- • • • • • • • • • • • • • • • • • • •</del>	Х		,,,,
	Other activities?		X		_
	Total. Add lines 1c through 1i			13,	759
-	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912		<u> </u>		
	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c	)(5), or se	ection	
	501(c)(6).			····	
			<del></del>	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?	<b>5044</b> 3	3	<u> </u>	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), secti 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	on 501(c, l "No." O	)(5), or se R (b) Par	ection t III-A. line	3. is
	answered "Yes."	, •	(2)	,	-,
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	ical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		2b		
C	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5			5	<u> </u>	
	t IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P	art II-A (affil	lated group	list); Part II-A,	, line 2;
	Part II-B, line 1. Also, complete this part for any additional information.				
Pai	rt II-B, Line 1, Lobbying Activities:				
CL.	off hold warious mostings with Congressional staff	advoc	ating	for	
Sta	aff held various meetings with Congressional staff	auvoc	acing	101	
fin	nding for the Housing Assistance Council and for fe	deral	rural		
<u> Lui</u>	dring for the housing assistance council and for it	Jucius	14141		
hoi	using programs. HAC staff responded to inquiries	from	Congre	ssional	L
110	ibing programs. The bear responded to inquiries				
mei	mbers and staff to provide (a) information on rura	al hou	sing p	rograms	5
	man man of parished (m) and an and and and			J	
and	d other rural issues, and (b) testimony on rural hou	sing	needs	and	
				990 or 990-E	E <b>Z) 20</b> 1
23204 01-07	3 -13		<del>-</del>		

Schedule C (Form 990 or 990 EZ) 2012 Housing Assistance Council	52-0939288 Page 4
Schedule C (Form 990 or 990 EZ) 2012 Housing Assistance Council  Part IV Supplemental Information (continued)	
orograms.	_
	<del></del>
	<del></del>
	<del></del>
	Schedule C (Form 990 or 990-EZ) 201

### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 52\_0939288

	Housing Assistance				52-093928	<u> </u>
Pa	Organizations Maintaining Donor Advise	ed Funds or	Other Similar Fund	ds or Ac	counts. Complete if the	
	organization answered "Yes" to Form 990, Part IV, line					
		(a) Dor	nor advised funds	(b)	Funds and other accounts	3
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 adv	/Ised funds	<u> </u>	
	are the organization's property, subject to the organization's				Yes	No
6	Did the organization inform all grantees, donors, and donor a	-		e used on		
•	for charitable purposes and not for the benefit of the donor of				•	
	impermissible private benefit?	n done, davie	on to rainy out of perpoo		Yes [	No
Pa	t I Conservation Easements. Complete if the org	nanization ansi	wered "Yes" to Form 990.	Part IV. In		
1	Purpose(s) of conservation easements held by the organization			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
•	Preservation of land for public use (e.g., recreation or e		Preservation of an h	netorically	important land area	
	Protection of natural habitat	soucation	Preservation of a ce			
	Preservation of open space		Freservation of a ce	i illieu ilisii	one structure	
_	·	e:	Audio Ara Ali - faus	<b>.</b>		la a k
2	Complete lines 2a through 2d if the organization held a quality	ried conservati	on contribution in the for	n or a cons	servation easement on the	iast
	day of the tax year.				Hald addle End addle T	V
				-	Held at the End of the T	ax year_
a	Total number of conservation easements			_	2a	
b	Total acreage restricted by conservation easements			_	2b	
¢	Number of conservation easements on a certified historic str		, ,		2c	
q	Number of conservation easements included in (c) acquired	after 8/17/06, a	and not on a historic struc			
	listed in the National Register			_	2d	
3	Number of conservation easements modified, transferred, re	leased, extingu	uished, or terminated by t	he organiz	ation during the tax	
	year ►					
4	Number of states where property subject to conservation ea			-		
5	Does the organization have a written policy regarding the per		ng, inspection, handling o	र्ग	П., г	<b>—</b>
_	violations, and enforcement of the conservation easements i				Yes ∟	No
6	Staff and volunteer hours devoted to monitoring, inspecting,					
7	Amount of expenses incurred in monitoring, inspecting, and					
8	Does each conservation easement reported on line 2(d) above	ve satisty the re	equirements of section 1/	/U(n)(4)(B)(I		<b></b>
_	and section 170(h)(4)(B)(ii)?				└ Yes └	No
9	In Part XIII, describe how the organization reports conservati		•			3
	include, if applicable, the text of the footnote to the organiza	ition's financial	statements that describe	s the orga	nization's accounting for	
· · · · · ·	conservation easements.	4 And Diede	rical Tracerry	Other Ci	milas Assats	
ra	Organizations Maintaining Collections o			Other Si	milar Assets.	
	Complete if the organization answered "Yes" to Form				1 - 1	<del></del>
٦a	If the organization elected, as permitted under SFAS 116 (AS					
	historical treasures, or other similar assets held for public ext			rance of pu	Jolic Service, provide, in Pa	art Alli,
_	the text of the footnote to its financial statements that descri					
þ	If the organization elected, as permitted under SFAS 116 (AS					
	treasures, or other similar assets held for public exhibition, e	ducation, or re	search in furtherance of p	oublic servi	ce, provide the following a	mounts
	relating to these items:					
	(i) Revenues included in Form 990, Part VIII, line 1				► \$ ► \$	
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre					
	the following amounts required to be reported under SFAS 1	:16 (ASC 958)	relating to these items:		_	
а	Revenues included in Form 990, Part VIII, line 1				<b>\$</b>	
b	Assets included in Form 990, Part X				<b>&gt;</b> \$	

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

Schedule D (Form 990) 2012

232053

FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	edule [	) (Form 990) 2012 I	ousing Assist	ance Council			52-	0939288	Page 4
	rt XI	Reconciliation of I			nts Witl	n Revenue per F			, ,
1		revenue, gains, and other				<del></del>	1	13,931,	852.
2		unts included on line 1 but					- · · · · · · · · · · · · · · · · · · ·		
а		inrealized gains on investn			2a	<446,557.	.⊳		
b	Dona	ated services and use of fa	cilities		2b		]		
C	Reco	veries of prior year grants			2c				
d	Othe	r (Describe in Part XIII.)			2d		]		
е	Add	lines 2a through 2d					2e	<446,	557.
3	Subt	ract line 2e from line 1					3	14,378,	409.
4	Amo	unts included on Form 990	, Part VIII, line 12, but not	on line 1:					
а	Inves	stment expenses not inclu	led on Form 990, Part VIII,	line 7b	4a				
b	Othe	r (Describe in Part XIII.)			4b	<14,237.			
С	Add	lines 4a and 4b					4c	<14,	237.>
5	Total	revenue. Add lines 3 and	tc. (This must equal Form	990, Part I, line 12.)		•	5	14,364,	172.
Pa		Reconciliation of I			ents Wit	h Expenses per	Retu	um	
1	Total	expenses and losses per	audited financial statemen	ts			1	11,498,	355.
2	Amoi	unts included on line 1 but	not on Form 990, Part IX,	line 25:				-	
а		ated services and use of fa			2a				
b	Prior	year adjustments			2b		7		
c		r losses			2c		7		
d		r (Descr.be in Part XIII.)			2d		1		
е		ines 2a through 2d					2e		0.
3		ract line 2e from line 1	·				3	11,498,	355.
4	Amo	unts included on Form 990	, Part IX, line 25, but not o	n line 1:					
а		stment expenses not include			4a				
b		r (Describe in Part XIII.)	,,		4b	<14,237.	. >		
c		lines 4a and 4b		·	-		4c	<14 <b>,</b>	237.>
5	Total	expenses. Add lines 3 and	4c. (This must equal Forn	n 990, Part I, line 18.)			5	11,484,	118.
Pa		Supplemental Info						<del>-</del>	
		his part to provide the des art XI, lines 2d and 4b; and						2b; Part V, line	4; Part
Pa:	rt )	KI, Line 4b -	Other Adjustm	nents:					
<u>Ne</u>	t co	onsolidating a	djustment to	include Rural	Hous	sing			
<u>Se</u> :	rvio	ces, Inc.			<u> </u>				
		KII, Line 4b -			L Hous	sing			
		ces, Inc.							
							Sche	dule D (Form 9	90) 2012

90 - Part X, Line 13 - Investment- program related include investment in Rural Housing Services, Inc. at Equity \$564,9 acquired through foreclosure \$669,149 valued at unpaid loan of provision for unrealized losses).	89 and (b) land balance (net
nvestment in Rural Housing Services, Inc. at Equity \$564,9	89 and (b) land balance (net
nvestment in Rural Housing Services, Inc. at Equity \$564,9	89 and (b) land balance (net
cquired through foreclosure \$669,149 valued at unpaid loan	balance (net
cquired through foreclosure \$669,149 valued at unpaid loan	balance (net
PIOVIDION TOT MITOUTIZED TODOUT,	
	<u> </u>
	-
	Schedule D (Form 990) 20

### **SCHEDULE J** (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. See separate instructions.

Open to Public Inspection

**Employer identification number** 

52-0939288

OMB No 1545-0047

	Housing Assistance Council	52-09392	<u> 8</u> 2	8	
Pŧ	art ∤ 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 9	90,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	į.			45
	First-class or charter travel Housing allowance or residence for person	al use		`	
	Travel for companions Payments for business use of personal res	idence	1		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			7	100
	Discretionary spending account Personal services (e.g., maid, chauffeur, ch	ef)	1	· .	Ī.
		1.	1		
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1	ь		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directly	ctors,		_	
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		2		_
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organizat	ion's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	T T			1
	establish compensation of the CEO/Executive Director, but explain in Part III.	[./î		,,	
	X Compensation committee	] :	. ا	•	Ċ
	Independent compensation consultant Compensation survey or study	Į.		,	
	X Form 990 of other organizations X Approval by the board or compensation co	mmittee			
			´		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:	-			
а	Receive a severance payment or change-of-control payment?	4	la		X
ь	Participate In, or receive payment from, a supplemental nonqualified retirement plan?	. 4	Ь		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?		k		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	[ <del>-</del>	٠,	,	
			,		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		``		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	, <b>[</b>			
	contingent on the revenues of:		1	,	
а	The organization?	5	ia		_ X_
ь	Any related organization?	[5	5b		X
	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	ı .			
	contingent on the net earnings of:	l			

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

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

If "Yes" to line 6a or 6b, describe in Part III.

Regulations section 53,4958-6(c)?

Schedule J (Form 990) 2012

X

X

6b

7

a The organization?

Housing Assistance Council Schedule J (Form 990) 2012 Part if Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(O)·(O)	reported as deferred In prior Form 990
(1) Joseph Belden	9	169,728.	0	0	0	0	169,728.	0
	€		0			0		0
(2) Moises Loza	ε	237,28	0			0	237,28	0
	<u> </u>	0	0		0	0		0
	ε							
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additional information.

Page 3

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

**Transactions With Interested Persons** 

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

**Employer identification number** 52-0939288

Н	ousing	Assistanc	e C	oun	cil			52	-09	392	88	_	
					section 501(c)(4) orga	anıza	ations only).						
Complete if the c	organization a	nswered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25b	o, or	Form 990 EZ, P	art V, I	ine 40	)b.			
1	a	b) Relationship bet			rfied						(d)	Corre	cted?
(a) Name of disqualified p	erson	person and or		-	(C	:) De	scription of tran	sactio	n 		Y	es	No
				-									
										_			
		· · · · · · · · ·											
2 Enter the amount of tax I	ncurred by th	e organization mar	nagers	or disc	qualified persons dur	ring t	the year under						
section 4958	-	-	_					+	▶ \$				
3 Enter the amount of tax,	if any, on line	2, above, reimburs	sed by	the or	ganization				▶ \$				
•	•		•	•									
Part II Loans to and	/or From	Interested Per	sons										
<u></u>	organization a	inswered "Yes" on	Form 9	990-EZ	, Part V, line 38a or F	-orm	990, Part IV, lin	e 26: d	or if th	ne orga	anızatı	on	
· ·	_	990, Part X, line 5, (			, ,			•		_			
(a) Name of	(b) Relations		(d) Lo	an to or	(e) Original	m	Balance due	(g)	In	(h) Ap	proved ard or	1 113 77	ritten
interested person	with organization	of loan		n the zation?	principal amount	,		defa		comn	nittee?	agree	ment?
	organizano		<u> </u>	From				Yes	No	Yes	No	Yes	No
SEE Statement 6	<u>,                                     </u>	To fund	X	1.0	12,761.		13,150.		Х	X		Х	
			1		· · ·		•						
· -													İ
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			+	1		<u> </u>			<del>                                     </del>	1	<del>                                     </del>	-	
	<u></u>			Ц	<b>▶</b> \$	L	13,150.			<del> </del>	<del> </del>		
Total  Part III Grants or As	eietance I	Benefiting Inte	rosto	d Pa			13/130.	<u> </u>		بسييسك		<u> </u>	
ال السنسنسند		_											
		answered "Yes" on					(d) Type				) Purp		•
(a) Name of Interested p	person	(b) Relationship interested per			(c) Amount of assistance		(d) Type assistan				assist:		'
		the organiz	ation	iu					ı				
									+				
<del></del>						-							
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See Part V for Continuations

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

Schedule L (Form 990 or 990-EZ) 2012

Part IV Business Transactions Involvin  Complete if the organization answered *	ng Interested Persons.				
(a) Nama of interest			T	(e) Sha	ring c
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	zation'
	person and the organization	(ransaction	transaction	rever Yes	No
		<del></del>		res	NO
				<del>                                     </del>	
			ļ		
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V Constant Information			<u> </u>	<u> </u>	<u> </u>
Supplemental Information		a an Cabadula I (oos	· inata intianal		
Complete this part to provide additional	information for responses to question	s on Schedule L. (See	instructions).		
nedule L, Part II, Loans	To and From Interes	sted Person	ns:		
<u> </u>					
Name of Person: SEE Sta	atement 6 -				
Purpose of Loan: To fur	nd Loan Funds				
					<del>-</del>
		•	•		
					• • • • • • • • • • • • • • • • • • • •

### 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 990-EZ 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

Housing Assistance Council

Employer identification number 52-0939288

Form 990, Part I, Line 1, Description of Organization Mission:
of the poor in the most rural places. HAC helps local public, private
and nonprofit organizations build affordable homes in rural America by
providing below-market financing, technical assistance, research,
training and information services.
Form 990, Part III, Line 1, Description of Organization Mission:
financing, technical assistance, research, training and information
services.
Form 990 Part IV Line 21 and Part IX Line 1
Housing Assistance Council gives grants and loans to various 501-(c)3
organizations and other entities that meet Federal funding criteria.
HAC funds this grants and loans from federal grants its receives for
such purposes. These amounts are reported in Part IX Line 24 (a).
Housing Assistance Council also awards federal pass-though grants to
various 501-(c)3 organizations in furtherance of its missions. These
amounts are reported in Part IX Line 24 (b).
Form 990, Part VI, Section B, line 11: The Form 990 tax return for the
Housing Assistance Council (HAC) is prepared by an independent auditing firm
which also conducts the annual financial audit of HAC. The tax return is
reviewed by HAC's Director of Finance and Administration and by HAC's
Executive Director. The tax return is also subjected to reviews by HAC's  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Name of the organization **Employer identification number** Housing Assistance Council 52-0939288 Board before it is filed with the IRS. Form 990, Part VI, Section B, Line 15: There is an annual evaluation conducted for all key personnel by the Executive Director. For the Executive Director, an Executive Compensation Committee of the Board Directors evaluates this position. For all positions, the Executive Director and Board are afforded a regional annual compensation survey of key positions to determine the fairness and comparable rates based on size and budget of organizations. For key personnel, Executive Director makes compensation adjustments based on merit or COLA. For the Executive Director, the Executive Compensation Committee meets at least annually to recommend compensation adjustments to Executive Director's salary. Adjustments to all personnel compensation are incorporated into annual operating budget. As part of presentation of budget, management reports on compensation adjustments to personnel line item cost to Board Finance Committee, then to entire Board of Directors. Board is afforded opportunity to raise questions if necessary. Compensation adjustments to Executive Director are presented by the Executive Compensation Committee to the full Board, in Executive Session, for approval. Minutes are taken of the executive committee meeting and held by HAC's general counsel. Form 990, Part VI, Section C, Line 19: HAC provides governing documents,

conflict of interest policy upon request as part of agreement in receiving Federal funding. The annual financial statements are made available to the public both through annual report and also upon request from the public.

Schedule R (Form 990) 2012 (g) Section 512(b)(13) 2012 Open to Public Inspection Ŷ Employer identification number OMB No 1545-0047 × controlled entity? Direct controlling Yes 52-0939288 entity 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.) Direct controlling entity End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) 9 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► See separate instructions. Total income Related Organizations and Unrelated Partnerships Exempt Code Ð section Ð 501(c)4 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) Q See Part VII for Continuations persons in rural areas welfare of low-income To promote the social Primary activity Primary activity Housing Assistance Council 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. 52-1306869 Name, address, and EIN (if applicable) Name, address, and ElN of related organization of disregarded entity Rural Housing Services, Inc. 1025 Vermont Street NW Washington, DC 20005 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Parti

232161 12-10-12 LHA 52-0939288 Page 2

Schedule R (Form 990) 2012 Housing Assistance Council

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.)

organizations treated as a partitle sind outring the tax year.	Tillership dune une la	year.)		ļ		!					
(a)	(Q)	ပ	Đ	<u>e</u>		E	6	<u>e</u>	3	=	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling antity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	i	Share of total Income	Share of end-of-year assets	Disproportion- ate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing le partner?  5) Yes No	General or Percentage managing ownership partner?
										-	
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.)	ganizations Taxable a	s a Corpo g the tax	oration or Trust (Co	omplete if the	organization	answered "Yes	." to Form 990,	Part IV, line	34 because it had	d one or mo	re related
(a) Name, address, and EIN of related organization	Z c	Prim	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	ling Type of entity (C corp. S corp, or trust)		(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
								_			
		ļ								:	-
232162 12-10-12				34					Sched	lule R (For	Schedule R (Form 990) 2012

Page 3

# 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.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	ın Parts II-IV?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				Ta ×
<b>b</b> Giff, grant, or capital contribution to related organization(s)				1b X
c Gfft, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				7 ×
e Loans or loan guarantees by related organization(s)				1e X
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)				i-
j Lease of facilities, equipment, or other assets to related organization(s)				1 <u>1</u>
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
	ınızatıon(s)			- ×
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			T X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>			:	10 X
				<b>&gt;</b>
p Reimbursement paid to related organization(s) for expenses				
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>				<b>6</b>
r Other transfer of cash or property to related organization(s)				
s Other transfer of cash or property from related organization(s)	:			1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	is line, including covered	relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	nvolved
	type (a·s)			
(1) Rural Housing Services, Inc.	Z	0.		
ଷ୍				
(4)		i		
(5)				
232163 12-10-12	35		Schedule	Schedule R (Form 990) 2012

Page 4

Schedule R (Form 990) 2012 Housing Assistance Council

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

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

that was not a letated organization. See instructions regarding exclusion for certain investment particles incoming	A Principals regarding excit	300000	Same Parison Par	3	¥	(2)	3		8	3	
lal Name, address, and EIN of entity	Primary activity	nicile oreign	t income related,	Are all partners sec 501(c)(3) orgs?	გ <sup>‡</sup>	Share of end-of-year	Dispropor- tonate allocations?	Dispropor- Code V-UBI Seneral or Percentage towar amount in box 20 managing ownership	General Managla partner	or Percentage	
		country)	under section 512-514) Y	S S S	Income	assets	Yes	(Form 1065)	Yes	0	
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								Schedui	9 X (-0	Schedule K (Form 990) 2012	

2012.05060 Housing Assistance Council HAC 2

### HOUSING ASSISTANCE COUNCIL FIXED ASSETS SCHEDULE EIN -52-0939288 September 30, 2013

### Statement 4

	<del></del>			Accum Depn	Current	Accum Depn	Book Value
<u>Date</u>	Description	Cost	Life	9/30/2012	<u>year</u>	9/30/2013	9/30/2013
Various	Furniture and Fixtures	\$ 9,934 00		\$ 9,934 00	\$ -	\$ 9,934 00	\$ -
4/11/1984	Xerox Memorywriter 640	3,784 20	6	3,784 20	-	3,784 20	
	Xerox Model 6010 Memorywriter	766 62	6	766 62	-	766 62	-
9/27/1989	Sofa, Chair, Table, (furniture)	629 64	10	629 64		629 64	_
11/11/1992	Reception Station	1,600 00	7	1,600 00	-	1,600 00	_
	Veryfine Soda Machine	3,310 00	5	3,310 00	-	3,310 00	-
5/13/1994	Conference Desk	889 00	7	889 00	-	889 00	-
3/25/1996	HP LaserJet 4 Plus (FAD)	1,894 95	5	1,894 95	-	1,894 95	
12/11/1997	Conference table (EO)	851 00	5	851 00	-	851 00	
6/29/1998	Desk/hutch/return (EO)	1,998 00	5	1,998 00		1,998 00	
6/29/1998		529 00	5	529 00		529 00	-
7/20/1998	HP LaserJet 5 (CDD)	1,759 01	3	1,759 01		1,759 01	
2/17/1999	Four drawer file cabinet (CDD)	1,288 00	5	1,288 00		1,288 00	-
5/7/1999	Canon IR330 Copier/fax (Midwest)	14,833 30	5	14,833 30	-	14,833 30	-
1/28/2002	Infocus Projector (Southern Business)	3,850 94	3	3,850 94		3,850 94	-
7/1/2003	HP Laserjet 9000 mpf	15,000 00	5	15,000 00	-	15,000 00	-
9/19/2003	Mita Copier	6,570 00	5	6,570 00	-	6,570 00	-
2/19/2010	Micro Edge Gift Software	58,563 00	5	31,233 20	11,712 60	42,945 80	15,617 20
	Total	\$ 128,050.66		\$ 100,720.86	\$ 11,712.60	\$ 112,433.46	\$ 15,617,20

Housing Assistance Council EIN: 52-0939288	<u>s</u>	Statement 5
Form 990 - Part IV - Line 64 (b) - Mortgages and Other Notes Payable		
September 30, 2013		
<u>Lender</u>	<u>2013</u>	<u>2012</u>
Bank of America		
Loan bearing interest at 3.25% per annum payable quarterly during the		
term of the loan. Principal payable in annual installment of \$1,250,000		
beginning on December 20, 2014, with all outstanding principal payable in		
full on December 20, 2017.	\$5,000,000	\$5,000,000
Brattleboro Area Affordable Housing Corporation		
Loan bearing interest at 2% per annum. Principal plus interest due on		
December 21, 2014 or upon a thirty-day notice of demand for payment.	\$15,000	0
Byron and Lee Stookey		
Two water 6 04 150 harrisg interest at 30/ per approx and 650 000		
Two notes: \$ 84,158 bearing interest at 3% per annum and \$50,000		
bearing interest at 2.5% per annum Principal and interest due on September 16, 2015, or upon thirty-day notice of demand for repayment.	134,158	134,158
·	154,156	134,136
Capital One, National Association Original authorization of \$ 1 million at 1% per annum from the dtae the		
funds are advanced until repayment of each advance. Quarterly interest		
payments are required beginning October 1, 2013. All outstanding interest		
and principal due on july 2023.	200,000	0
The Episcopal Church	200,000	· ·
Loan bearing interest at 3.5% per annum, payable quarterly. Principal due		
March 31, 2016.	200,000	200,000
The F.B. Heron Foundation	200,000	200,000
Loan bearing interest at 3% per annum, payable in arrears on March 31		
and September 30 each year to maturity date. Principal is payable in a first		
installment of \$125,000 on September 30, 2013; a second installment of		
\$125,000 on September 30, 2014; and a final installment of \$500,000 on		
September 30, 2016.	750,000	750,000
Ford Foundation		
Loan bearing interest at 1% per annum, Principal payable in three		
installments as follows: September 14, 2015 (\$833,333); September 14,		
2016 (\$833,333); September 14, 2017 (\$833,334).	\$2,500,000	\$2,500,000
Gideon Anders		
Loan bearing interest at 0.25% per annum. Principal and interest due		

1,011

44,582

1,006

50,000

November 14, 2013 or upon a thirty-day written notice of demand for

Loan bearing interest at 3% per annum, principal and interest payable on the two-year anniversary date of the loan (June 5, 2015), or upon a thirty

day notice of demand for repayment by the lenders.

repayment.

Harold O. and Marilyn Wilson

Home Missioners of America Loan bearing interest at 3% per annum, payable annually. Principal due on February 19, 2014.  John D. and Catherine T. MacArthur Foundation	25,000	25,000
Loan bearing interest at 2% per annum and payable annually. Principal is payable in two installments of \$330,000 each on April 1, 2015 and on April 1, 2016 and the final installment of \$340,000 at maturity on April 1, 2017.  Joseph N. Belden and Tamara W. Belden	1,000,000	1,000,000
Loan bearing interest at 2% per annum. Principal plus interest due July 7, 2015 or upon a thirty-day written notice of demand for repayment Leslie Strauss	1,195	1,195
Non-interest bearing loan, principal due on August 16, 2016 or upon a thirty-day written notice of demand for repayment.  Maria Luisa Mercado	1,000	1,000
Loan bearing interest at 2% per annum, payable annually. Principal due on August 12, 2013 or upon a thirty-day written notice of demand for repayment.  Meadows Foundation	1,172	1,126
Non-interest bearing loan. Principal payable on September 10, 2013.  Moises and Maria Teresa Loza	0	250,000
Loan bearing interest at 2% per annum, payable annually. Principal due August 14, 2015 or upon a thirty-day written notice of demand for repayment.  Sister of Charity, BVM	6,337	6,090
Loan bearing interest at 3% per annum, interest payments due and payable in five (5) annual installments on each anniversary date of the initial loan; and principal payments are due as follows: \$17,000 on May 28, 2013; \$17,000 on May 28, 2014; and \$16,000 on May 28, 2015.  Sisters of Presentation of the Blessed Virgin Mary  Loan bearing interest at 3% per annum, payable annually. Three (3)	33,000	50,000
principal payments of \$25,000 each, due on November 4, 2012, 2013 and 2014.  Sisters of Saint Francis of Philadelphia	50,000	75,000
Two loans (\$50,000 and \$10,000), both bearing interest at 2% per annum and payable annually. Principal due for both loans on June 1, 2014.  Sisters of the Holy Cross, Inc.	60,000	60,000
Loan bearing interest at 2% per annum and payable annually. Principal balance due on June 30, 2014.  U.S. Department of Agriculture, Rural Development – Intermediary	200,000	200,000
Relending Program (IRP I) Original authorization of \$2,000,000 at 1%, payable in 30 annual installments of \$87,740 including interest and principal, beginning December 8, 1995. The loan matures on December 8, 2022.	728,261	807,922

U.S. Department of Agriculture, Rural Development – Intermediary		
Relending Program (IRP II)		
Original authorization of \$500,000 at 1% per annum, interest payment due		
for 2005, 2006, and 2007 on November 10, thereafter interest and		
principal, beginning November 10, 2008. The loan matures on November		
10, 2035.	280,635	298,970
U.S. Department of Agriculture, Rural Housing Services – Preservation		
Revolving Loan Fund (PRLF 2005)		
Original authorization of \$2,000,000 at 1% per annum from the date the		
funds are advanced. Interest only payment due on January 1, 2007, 2008,		
and 2009; thereafter, annual payments of interest and principal starting		
January 1, 2010 to fully amortize the loan 30 years from June 28, 2006 –		
the date of the promissory note.	1,735,761	1,803,127
U.S. Department of Agriculture, Rural Housing Services – Preservation		
Revolving Loan Fund (PRLF 2006)		
Original authorization of \$2,000,000 at 1% per annum from the date the		
funds are advanced. Interest only payment due on January 1, 2008, 2009,		
and 2010; thereafter, annual payments of interest and principal starting		
January 1, 2011 to fully amortize the loan 30 years from August 10, 2007 –		
the date of the promissory note.	1,790,142	1,856,980
U.S. Department of Agriculture, Rural Housing Services - Preservation		
Revolving Loan Fund (PRLF 2008)		
Original authorization of \$1,000,000 at 1% per annum from the date the		
funds are advanced. Interest only payment due on January 1, 2011, 2012,		
and 2013; thereafter, annual payments of interest and principal starting		
March 19, 2010 - the date of the promissory note.	1,000,000	883,387
U.S. Department of Agriculture, Rural Housing Services – Preservation	, ,	•
Revolving Loan Fund (PRLF 2011)		
Original authorization of \$1,000,000 at 1% per annum. Interest only		
payment due on January 1, 2013, 2014, and 2015; thereafter, annual		
payments of interest and principal starting January 1, 2016 to fully		
amortize the loan 30 years from December 19, 2012 - the date of the		
promissory note.	146,868	0
U.S. Department of the Treasury, Community Development Financial	,	_
Institutions Fund		
Loan bearing interest at 2% per annum. Principal and interest payable on		
October 13, 2014.	500,000	500,000
William and Gloria Powers	300,000	300,000
Loan bearing interest at 2% per annum, payable annually. Principal due on		
August 12, 2015 or upon a thirty-day written notice of demand for		
	2,435	2 344
repayment.	2,433	2,344

**Total Notes Payable** 

\$16<u>,</u>457,305

\$16,406,557

Housing Assistance Council EIN: 52-0939288	State	ment 6
Form 990 - Schedule L- Loans from Interested Persons		
September 30, 2013		
September 30, 2013	 <del></del>	
<u>Lender</u>	2013	<u>2012</u>
Gideon Anders		
Loan bearing interest at 0.25% per annum, payable annually. Principal due		
November 14, 2013 or upon a thirty-day written notice of demand for		
repayment.	1,011	1,006
Joseph N. Belden and Tamara W. Belden		
Loan bearing interest at 2% per annum. Principal plus interest due July 7,		
2015 or upon a thirty-day written notice of demand for repayment.	1,195	1,195
Leslie Strauss	·	
Non-interest bearing loan, principal due on August 16, 2013 or upon a		
thirty-day written notice of demand for repayment.	1,000	1,000
Maria Luisa Mercado	·	
Loan bearing interest at 2% per annum, payable annually. Principal due on		
August 12, 2013 or upon a thirty-day written notice of demand for		
repayment.	1,172	1,126
Moises and Maria Teresa Loza		
Loan bearing interest at 2% per annum, payable annually. Principal due		
August 14, 2013 or upon a thirty-day written notice of demand for		
repayment.	6,337	6,090
William and Gloria Powers		
Loan bearing interest at 2% per annum, payable annually. Principal due on		
August 12, 2013 or upon a thirty-day written notice of demand for		
repayment.	2,435	2,344
	\$ 13,150 \$	12,761

### Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

-	re filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box			$ ightharpoonup \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	
if you ar	re filing for an Additional (Not Automatic) 3-Month Ext			this form).			
•	omplete Part II unless you have already been granted a				m 8868.		
lectronic	filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tir	ne to file (6	months fo	r a corporation	
	o file Form 990-T), or an additional (not automatic) 3-mor						
•	file any of the forms listed in Part I or Part II with the exc						
	Benefit Contracts, which must be sent to the IRS in paper						
	irs.gov/efile and click on e-file for Chanties & Nonprofits		(coo mendonono), o moro conamo	511 1110 0100	., 011.0	,	
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).			
	tion required to file Form 990-T and requesting an auton						
art I only	•	natic o me	onth extension check this box and	complete		▶ □	
-	orporations (including 1120-C filers), partnerships, REMi	ICs. and t	rusts must use Form 7004 to reques	st an exten:	sion of time	,	
	me tax retums.	700, 6710 1	, data masi ada 1 am 1 ada 1 a 1 a qua	or arr arran	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ype or Name of exempt organization or other filer, see instructions.					Identificati	on number (FIN) or	
	Haine of exempt organization of other files, see instructions.				Employer identification number (EIN) or		
rint	Housing Assistance Council				52-0939288		
e by the				0	Social security number (SSN)		
e date for ng your	101   1141112-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114-11, 4114			Social sec	curity numi	per (SSIN)	
um See	1025 Vermont Avenue, No. 606						
tructions	City, town or post office, state, and ZIP code. For a fo	oreign add	iress, see instructions.				
	Washington, DC 20005			<del></del>		-	
						0 1	
nter the I	Return code for the return that this application is for (file	a separa	te application for each return)			0 1	
		T	· · · · · · · · · · · · · · · · · · ·			·····	
pplicatio	on	Return	Application			Return	
For		Code	Is For			Code	
orm 990 or Form 990-EZ		01	Form 990-T (corporation)	rm 990-T (corporation)			
orm 990-BL		02	Form 1041-A	orm 1041-A			
orm 4720 (Individual)		03	Form 4720			09	
orm 990-PF		04	Form 5227			10	
orm 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
orm 990-T (trust other than above)		06	Form 8870			12	
	ml	า					
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			, NW, Washington,	DC,	# 600_	- 20005	
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