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DLN: 93493069006354

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

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

		2012		2012			Inspection
		applicable	endar year, or tax year beginning 10-01-2012 , 2012, and ending 09-30- C Name of organization	-2013	D Employ	er ider	ntification number
		hange	THE HOUSING FUND				
	ne cha	-	Doing Business As		62-16	32388	3
	ial retu	_					
			Number and street (or P O box if mail is not delivered to street address) Room/suite 305 11TH AVENUE SOUTH		E Telepho	ne num	ber
	mınate				(615)	780-7	000
		return	City or town, state or country, and ZIP + 4 NASHVILLE, TN 37203				
J App	olicatioi	n pending			G Gross re	ceipts \$	3,024,507
			F Name and address of principal officer PAUL JOHNSON		s this a group ffiliates?	return	for
			305 11TH AVENUE SOUTH	a	illiates '		j resj v No
			NASHVILLE,TN 37203	H(b) A	re all affiliates	inclu	ded?
 т Та	x-exen	npt status	✓ 501(c)(3)	Ιf	f "No," attach	a lıst	(see instructions)
		•	WTHEHOUSINGFUND ORG	H(c)	Group exempti	on nun	nber ►
		_	✓ Corporation Trust Association Other ►	L Year	of formation 199	6 M	State of legal domicile TN
Ра	rt I		escribe the organization's mission or most significant activities				
Activities & Governance		CREATE THE HO COMMU	USING FUND PROVIDES RESOURCES AND CREATIVE LEADERSHIP AND MAINTAIN AFFORDABLE AND HEALTHY PLACES IN WHICH LOW USING FUND MAKES LOW INTEREST LOANS FOR HOUSING, HOUSING	OWAND NG DEV RS TO A	MODERATE ELOPMENT, A ACQUIRE, CR	INCO AND N	ME PEOPLE LIVE ON-RESIDENTIAL
λoκ							
<u>ئ</u>	2	Check th	nis box 🔭 if the organization discontinued its operations or disposed of	more tha	an 25% of its	net as	sets
<u>କ</u>	з	Number	of voting members of the governing body (Part VI, line 1a)			3	20
3	l		of independent voting members of the governing body (Part VI, line 1b)			4	20
्	5	Total nu	mber of individuals employed in calendar year 2012 (Part V, line 2a) .			5	1
			mber of volunteers (estimate if necessary)			6	0
			related business revenue from Part VIII, column (C), line 12			7a	0
	Ь	Net unre	elated business taxable income from Form 990-T, line 34			7b	0
	_	C +	hubbara and supplie (Daub VIII June 1 h.)		Prior Year	15	Current Year
9	8		butions and grants (Part VIII, line 1h)		3,916,0 438,6	_	2,550,747 430,359
Revenue	10	_	tment income (Part VIII, column (A), lines 3, 4, and 7d)		4,6	_	5,665
걆	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		31,7	_	35,302
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		4.004.4		
	42				4,391,1		3,022,073
	13 14		ts paid to or for members (Part IX, column (A), lines 1-3)		350,5	0	635,090
	15		es, other compensation, employee benefits (Part IX, column (A), lines			\dashv	
\$	•	5-10)			493,0	75	392,396
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)			0	0
ਬੁ	b		ındraısıng expenses (Part IX, column (D), line 25) ▶0				
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,165,3	_	1,755,512
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,008,9	_	2,782,998
· · · · · · · · · · · · · · · · · · ·	19	Keven	ue less expenses Subtract line 18 from line 12	 	1,382,2 ning of Curren		239,075
Not Assets or Fund Balances					Year		End of Year
A.S.S.	20		assets (Part X, line 16)		21,893,4		21,209,084
7 P	21		liabilities (Part X, line 26)		11,826,3	_	10,902,877
	22 1 . I II		ssets or fund balances Subtract line 21 from line 20		10,067,1	32	10,306,207
Unde my kı	r pena nowle	alties of dge and	perjury, I declare that I have examined this return, including accompanyi belief, it is true, correct, and complete Declaration of preparer (other tha nowledge				
		****			2014-03-10		
Sign Here		1.	ature of officer		Date		
1161	ت		. JOHNSON PRESIDENT/CEO e or print name and title				
		P	Print/Type preparer's name Preparer's signature Date: FRANCES E LEAHY 201		CHECK! II	PTIN	FD2
Paid	t	<u> </u>	FIRM'S Name KRAFTCPAS PLLC	.4-03-10	self-employed Firm's EIN ► 62	P00713 -07132	
Pre	pare		SIC F KIVE FOLIA FELO		5 LIN F 02	U11JZ.	

Use Only

Firm's address > 555 GREAT CIRCLE ROAD

NASHVILLE, TN 37228

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

Phone no (615) 242-7351

✓ Yes No

1 0111	1 3 3 0 (2 0 1 2)					raye
Par		of Program Serviedule O contains a resp	_		I	٠
1	Briefly describe the	organization's mission				
AND INT	COMMUNITIES CRE EREST HOUSING, DE	ATE AND MAINTAIN	AFFORDABLE MMUNITY DE	E AND HEALTHY PLA EVELOPMENT LOAN	HELP LOW AND MODERATE ACES TO LIVE THE HOUSIN S TO INDIVIDUALS, FAMILI COMMUNITIES	G FUND MAKES LOW
2		undertake any significa			ar which were not listed on	
	•	ese new services on Sc				. , 100 , 110
3	Did the organization	cease conducting, or n	nake sıgnıfıcar	nt changes in how it c	onducts, any program	
	If "Yes," describe the	ese changes on Schedu	ıle O			
4	expenses Section 5) organizations	s are required to repo	hree largest program services rt the amount of grants and all	
	(Code) (Expenses \$	975,422	ıncludıng grants of \$	635,090) (Revenue \$	18,223)
	PROPERTIES THAT WER MEET FINANCIAL GAPS RELIEF PROGRAMS IN HOUSING FUND ENTER	RE DAMAGED BY THE FLOOD THAT MAY OCCUR BETWEEN TOTAL, OVER 550 FAMILIES ED INTO AN AGREEMENT WI	THAT TOOK PLAC I THE COST TO R HAVE BEEN SERV TH HABITAT FOR	E IN NASHVILLE, TENNESS EPAIR PROPERTY AND PR ED IN FY 2013, ASSISTAN HUMANITY TO FINANCE T	ON-SALE LOANS AND/OR GRANT ASSISEE IN MAY 2010 ASSISTANCE IS PROCEEDS FROM INSURANCE, AND FECTIVE WAS PROVIDED TO 55 HOUSEHOWHE ACQUISITION, REPAIR, AND SALE FLOOD IMPACTED HOMES DURING FY	OVIDED TO ENABLE CLIENTS TO DERAL AND LOCAL DISASTER LDS ALSO DURING FY 2013, THI OF FLOOD IMPACTED
4b	PROVIDING DOWN PAY	MENT AND CLOSING COST LO	DANS ASSISTANC	E IS PROVIDED ON A GRA) (Revenue \$ AND FAMILIES IN BECOMING SUCCE: DUATED BASIS, DEPENDING ON HOU H \$19,900,000 LENT IN FY 2013, OV	SEHOLD INCOME FROM
	(Code) (Expenses \$	405,204	ıncludıng grants of \$) (Revenue \$	150,970)
	DEVELOPMENT LOAN PR AND FOR-PROFIT DEVE	ROGRAMS - PROVIDES LOW I	INTEREST LOANS D ALSO PROVIDES	AND OTHER ASSISTANCE S TECHNICAL ASSISTANCE	FOR DEVELOPMENT OF AFFORDABLE TO AFFORDABLE HOUSING DEVELOP NDS FROM THE HOUSING FUND, WI	HOUSING BY NOT-FOR-PROFIT ERS FROM INCEPTION, OVER
	(0.1		267.722) (2	425.044.)
	(Code) (Expenses \$	267,722	including grants of \$) (Revenue \$	125,011)
4d	Other program serv	ices (Describe in Sche) 267,722 inc	edule O) luding grants o	of \$) (Revenue \$	125,011)
	Total program servi	<u> </u>	2,537,944	· · · · · · · · · · · · · · · · · · ·	, , -	
70	iotai piogrami serv	re exhenses L	2,337,344			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1^2 If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
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	Yes	
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part	,		
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Par	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 458		100	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5-2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	52		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		No
		5b		INO
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			NI -
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
. 3	Section 501(c)(29) qualified nonprofit health insurance issuers.]		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
i.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

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

	ection A. Governing body and Management					
			_		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performed supervision of officers, directors or trustees, or key employees to a management con			3		Νo
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power more members of the governing body?		elect or appoint one or	7a		Νo
b	Are any governance decisions of the organization reserved to (or subject to approval or persons other than the governing body?		members, stockholders,	7b		Νo
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		No
Se	ection B. Policies (This Section B requests information about policies not i	requi	ired by the Internal F	Reveni	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not i	requ	ired by the Internal F	Revent	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	·	•	10a		
10a			of such chapters,		Yes	
10a b	Did the organization have local chapters, branches, or affiliates?	ivities on's e	of such chapters, xempt purposes?	10a 10b	Yes Yes	
10a b 11a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the acti affiliates, and branches to ensure their operations are consistent with the organization than the organization provided a complete copy of this Form 990 to all members of its	ivities on's e	s of such chapters, xempt purposes? erning body before filing	10a 10b	Yes Yes Yes	
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	ivities on's e s gov	s of such chapters, exempt purposes? erning body before filing	10a 10b	Yes Yes Yes	
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	ivities on's e s gov orm S	s of such chapters, xempt purposes? erning body before filing 290	10a 10b 11a	Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	ivities on's e s gov form 9	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activa filiates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form 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 annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with	ivities on's e s gov form 9 ivities the p	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activation and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form 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 rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	ivities on's e s gov form S ly inte	s of such chapters, exempt purposes? erning body before filing erests that could give energy? If "Yes," describe	10a 10b 11a 12a 12b	Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activation and branches to ensure their operations are consistent with the organization of the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form 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 rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy?	on's ess gov form solvented the position of th	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activation and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this Form 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 annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revi	ivities on's e s gov form 9 ivities the p the p ewar e deli	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activation and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of its the form? Describe in Schedule O the process, if any, used by the organization to review this F 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 annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revisit independent persons, comparability data, and contemporaneous substantiation of the	ivities on's e s gov form 9 y inte the p ew ar e deli	s of such chapters, exempt purposes? erning body before filing erests that could give olicy? If "Yes," describe erests that could give erests that erests erests that erests	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes Yes	
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	ivities on's e s gov form 9 y inte the p ew ar e deli	s of such chapters, exempt purposes? erning body before filing erests that could give olicy? If "Yes," describe erests that could give erests that erests erests that erests	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	ivities on's e s gov form s the p the p ewar e deli	s of such chapters, exempt purposes? erning body before filing or some series that could give	10a 10b 11a 12a 12b 12c 13 14	Yes	
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activation and branches to ensure their operations are consistent with the organization of the form? Has the organization provided a complete copy of this Form 990 to all members of it: the form? Describe in Schedule O the process, if any, used by the organization to review this F 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 annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization 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 of the organization invest in, contribute assets to the organization and inventure of the organization invest in, contribute assets to the process in a contribute in a joint venture of the organization invest in, contribute assets to, or participate in a joint venture of the organization invest in, contribute assets to, or participate in a joint venture of the organization invest in, contribute assets to, or participate in a joint venture of the organization invest in, contribute assets to, or participate in a joint venture of the organization in the organization invest in a joint venture of the organization in the organization in the organization in the organization in the organization	ivities on's e s gov form 9 the p the p are deli	s of such chapters, exempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes	

- 17 List the States with which a copy of this Form 990 is required to be filed ►KY, TN
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Volume Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶PAUL JOHNSON 305 11TH AVENUE SOUTH NASHVILLE, TN (615)515-2208

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A)			(C)	`			(D)	(E)	(F)	
Name and Title	and Title Average Position (do not check			Reportable	Reportable	Estimated				
	hours per week (list	nours per more than one box, unless c week (list person is both an officer		compensation from the	compensation from related	amount of other				
	any hours					ustee		organization	organizations	compensation
	for related	25	_	Q	조	막프	Ţ	(W- 2/1099-	(W- 2/1099-	from the
	organizations below	슬름	nsen	Office	ma ma	를 등	Former	MISC)	MISC)	organization and related
	dotted line)	[충동	Institutional	<u> -</u>	哥) ()	완			organizations
		I ^및 를	<u> </u>		Key employee	ľ"ĕ				
		Individual trustee or director	Truste		ŏ	Highest compensated employee				
		a.	ST ee			ਲ ₽				
						2				
(1) FABIAN BEDNE	1 00	х						0	0	0
BOARD OF DIRECTORS		_ ^						0	0	
(2) DAVID BRILEY	1 00	×						0	0	0
BOARD OF DIRECTORS								Ŭ	-	
(3) REV WILLIAM BUCHANAN	1 00	×						0	0	0
BOARD OF DIRECTORS								ŭ ,		
(4) MELVIN BLACK	1 00	l x						0	0	0
BOARD OF DIRECTORS								Ů		
(5) RON CRUTCHER	1 00	×						0	0	0
BOARD OF DIRECTORS								Ţ.		
(6) PAUL DEMASTUS	1 00	×						0	0	0
BOARD OF DIRECTORS									_	_
(7) ERNIE FELTS	1 00	×						0	0	0
BOARD OF DIRECTORS										
(8) JESSICA LEVEEN FARR	1 00	l x						0	0	0
BOARD OF DIRECTORS					_					
(9) ERIK COLE	1 00	×						5,535	0	0
BOARD OF DIRECTORS (END DATE 5/31/13)								·		
(10) PHIL RYAN	1 00	x						0	0	0
BOARD OF DIRECTORS (END DATE 1/31/13)					_					
(11) DAN EATON	1 00	x						0	0	0
BOARD OF DIRECTORS (12) DEBBIE FRANK	1.00	-								
	1 00	х						0	0	0
BOARD OF DIRECTORS (13) KEN MCKNIGHT	1.00				_					
, ,	1 00	x						0	0	0
BOARD OF DIRECTORS (14) KELLY HARTER	1.00				_					
, ,	1 00	х						0	0	0
BOARD OF DIRECTORS (15) LATRISHA JEMISON	1 00	-								
, ,	1 00	х						0	0	0
BOARD OF DIRECTORS (16) KELVIN JONES III	1 00	-			_					
` '	100	х						0	0	0
BOARD OF DIRECTORS (17) DOUG LESKY	1 00									
	100	х						0	0	0
BOARD OF DIRECTORS										Form 990 (2012)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours	more pers	than on is	one bot	note boo	check, unle office rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	amou com fr	(F) timated nt of other pensation om the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	and	anization I related nizations
(18) CHRIS PHILLIPS	1 00	x						0		0	0
BOARD OF DIRECTORS										1	
(19) IAN REYNOLDS	1 00	x						0		0	0
BOARD OF DIRECTORS (20) CARY ROSENBLUM	1 00				<u> </u>						
	1 00	×						0		0	0
BOARD OF DIRECTORS (21) JO ANNE CORBITT	1 00	 			\vdash					+	
SECRETARY/TREASURER, BOARD OF DIRECTORS		X		X				0		0	0
(22) KEITH MILES	1 00	l						_			
PRESIDENT, BOARD OF DIRECTORS		Х	<u> </u>	Х				0		0	0
(23) PAUL JOHNSON	40 00			X				101,876		0	24,955
PRESIDENT/CEO				Ĺ				101,070		<u> </u>	
(24) LORETTA OWENS	40 00			×				111,952		0	21,777
EXECUTIVE DIRECTOR (END DATE 8/30/13) (25) GARY DOVER	40 00	1								+	
FINANCE MANAGER (END DATE 1/14/13)	40 00			×				86,909		0	0
(26) JIMMY WREN	40 00										
FINANCE MANAGER (START DATE 1/14/13)				×				0		0	0
										+	
					<u> </u>					+	
1b Sub-Total						*					
c Total from continuation sheets to Pa	rt VII, Section A		•	•		•					
		•		•		•		306,272	0		46,732
Total number of individuals (including \$100,000 of reportable compensation				ed al	bove	e) who	rec	eived more than			
										Ye	s No
3 Did the organization list any former of			e, ke	y em	nplo	yee, o	r hig	jhest compensate	d employee		
on line 1a? If "Yes," complete Schedule	J for such individ	dual .	•	•	•					3	No
4 For any individual listed on line 1a, is organization and related organizations individual										4	No
5 Did any person listed on line 1a receiv	e or accrue com	pensat	ion f	rom	anv	unrel	ater	d organization or i		-	140
services rendered to the organization?										5	No
										•	<u> </u>
Section B. Independent Contract			ndon	+			+	+ reserved make th	#100 000 o	<u> </u>	
1 Complete this table for your five highe compensation from the organization R	•										ear
Name and	(A) business address							Description	(B) on of services	Com	(C) pensation
Name and	Daomicoo dudicoo							Безсприк	on or services	2011	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
										+	
								I		1	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part V	111	Statement of Revenue										
		Check if Schedule O	contains a respor	nse to any question I								
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514				
0	1a	Federated campaign	s 1a									
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .	1b									
Gra mo	c	Fundraising events	1c									
Ē,Ā	d	Related organization										
Gif		Government grants (cont		2,426,747								
ns, Sirr	е					ļ						
utio er:	f	All other contributions, gif similar amounts not inclu	fts, grants, and 1f ded above	124,000								
ē ₽	g	Noncash contributions inc 1a-1f \$	cluded in lines	į	į	j						
Cont and	h	Total. Add lines 1a-:	1 f		2,550,747							
C		Totali Add IIIICS Id			_,,							
e II	22	DOWNDAYMENT ACCICTAL	NCE	Business Code	474 457	171 457						
ven	2a	DOWNPAYMENT ASSISTAN		525990	171,457	171,457						
2 <u>4</u>	b	DEVELOPMENT LOANS IN SERVICE FEES & MISC		525990	150,970	150,970						
Program Serwice Revenue	d			525990	89,709	89,709						
Se	e	FLOOD ASSISTANCE LOAN	<u> </u>	525990	18,223	18,223						
ran l	f	All other program se	rvice revenue									
rogi	•											
	g	Total. Add lines 2a-			430,359							
	3	Investment income (and other similar am			5,665			5,665				
	4	Income from investment										
	5	Royalties		•								
			(ı) Real	(II) Personal								
	6a	Gross rents	8,700									
	Ь	Less rental expenses	2,434									
	С	Rental income or (loss)	6,266									
	d	Net rental income or	(loss)		6,266	6,266						
) Securities	(II) Other								
	7a	Gross amount from sales of										
		assets other than inventory										
	b	Less cost or other basis and										
	c	sales expenses Gain or (loss)										
	d	Net gain or (loss)										
		Gross income from fo	ī									
e n		events (not including										
듄		\$ of contributions repo	orted on line 1c)									
Re		See Part IV, line 18										
Other Revenue			a									
ŧ l	C	Less direct expense Net income or (loss)		events .								
_		Gross income from g										
		See Part IV, line 19										
			a									
	b c	Less direct expense Net income or (loss)		/ities -								
		Gross sales of inven										
		returns and allowand										
			a									
	Ь	Less cost of goods		anto w.								
	C	Net income or (loss)	1	•								
	112	Miscellaneous Rev		Business Code 900099	29,036	29,036						
	ь	MISCELLANEOUSI	NCOME	300033	25,030	25,030						
	c d	All other revenue .										
	e	Total. Add lines 11a		▶								
					29,036							
	12	Total revenue. See I	nstructions	· · · · •	3,022,073	465,661	0	5,665				

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizat	ions must comm	lete column (A)	
	Check if Schedule O contains a response to any question in this Pa	-			.
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	635,090	635,090		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	392,396	289,074	103,322	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	43,322	40,077	3,245	
С	Accounting	28,450		28,450	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	15,078	1,675	13,403	
L3	Office expenses	186,597	170,807	15,790	
L4	Information technology				
L5	Royalties				
L6	Occupancy	79,785	61,839	17,946	
L7	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
L9	Conferences, conventions, and meetings				
20	Interest	249,300	249,300		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	31,784	25,469	6,315	
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	CONTRACTUAL SALARY REIM	724,378	667,813	56,565	
b	BAD DEBT EXPENSE	340,327	340,327	0	Į.
c	SERVICING FEES	56,491	56,473	18	ı
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,782,998	2,537,944	245,054	(
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

	τX	Check if Schedule O contains a response to any question in this Par	t X			
	_			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		6,622,572	1	6,426,362
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		680,398	3	124,622
	4	Accounts receivable, net		25,805	4	61,186
	5	Loans and other receivables from current and former officers, direct employees, and highest compensated employees. Complete Part II Schedule L	of		5	
Assets	6	Loans and other receivables from other disqualified persons (as def section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, a employers and sponsoring organizations of section $501(c)(9)$ volumbeneficiary organizations (see instructions) Complete Part II of Science (1) and the section of the	nd contributing tary employees'		6	
Š	7	Notes and loans receivable, net		13,765,938		13.822.815
ď	8	Inventories for sale or use		10,700,000	8	10,022,010
	9			10,129		7,680
	10a	Prepaid expenses and deferred charges	175 400	10, 129	9	7,000
	Ь	Less accumulated depreciation	-	253,949	100	232,014
	11	Investments—publicly traded securities		200,040	11	202,014
	12	Investments—other securities See Part IV, line 11		202,244	12	202,244
	13	Investments—program-related See Part IV, line 11		202,244	13	202,244
	14	· ·			14	
		Intangible assets		332,419		332,161
	15	Other assets See Part IV, line 11		21,893,454		21,209,084
	16	Total assets. Add lines 1 through 15 (must equal line 34)			16	
	17	Accounts payable and accrued expenses		313,298	17	309,114
	18	Grants payable		485,833	18	200,000
	19	Deferred revenue		460,633		200,000
	20	Tax-exempt bond liabilities			20	
es S	21	Escrow or custodial account liability Complete Part IV of Schedule			21	
Liabiliti	22	Loans and other payables to current and former officers, directors, t key employees, highest compensated employees, and disqualified	,			
逗		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties .			23	
	24	Unsecured notes and loans payable to unrelated third parties .		11,027,191	24	10,393,763
	25	Other liabilities (including federal income tax, payables to related tand other liabilities not included on lines 17-24) Complete Part X of D	of Schedule		25	
	26	Total liabilities. Add lines 17 through 25		11,826,322	26	10,902,877
—— Ф	120	Organizations that follow SFAS 117 (ASC 958), check here ▶		.,,,		
Fund Balance	27	Unrestricted net assets		10,067,132	27	10,306,207
<u>평</u>	28	Temporarily restricted net assets		0	28	0
— —	29	Permanently restricted net assets			29	
Ä		Organizations that do not follow SFAS 117 (ASC 958), check here				
		complete lines 30 through 34.	,			
s or	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .			31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds			32	
Šet	33	Total net assets or fund balances		10,067,132	33	10,306,207
Z	34	Total liabilities and net assets/fund balances		21,893,454	34	21,209,084
	34	i otal liabilities and net assets/fund balances	• •	21,893,454	34	21,209,0

Par	TEXT Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,0	022,073
2	Total expenses (must equal Part IX, column (A), line 25)	2		2.7	82,998
3	Revenue less expenses Subtract line 2 from line 1	3			239,075
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				
5	Net unrealized gains (losses) on investments	5		10,0	067,132
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		10,3	306,207
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	ne	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493069006354

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

THE HOUSING FUND

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

									62-163		
Pai				blic Charity Sta						instruction	ıs.
The o	rganı			te foundation becaus							
1	<u>_</u>		•	on of churches, or a				section 170	(b)(1)(A)(i)	•	
2	<u> </u>	A scho	ol described	in section 170(b)(1	L)(A)(ii). (A	ttach Sched	dule E)				
3	Г	A hosp	ital or a cod	perative hospital se	rvice organi:	zatıon desc	rıbed ın sect i	ion 170(b)(1)(A)(iii).		
4	Γ			h organization opera	ted ın conjur	nction with a	a hospital de	scribed in s	ection 170(b)(1)(A)(iii).	. Enter the
_	_			ty, and state							
5	ı	_	•	erated for the benefi	_	e or univers	ity owned or	operated by	/ a governme	ntai unit des	scribed in
	_			A)(iv). (Complete P	•						
6	<u>_</u>			local government o							
7	✓			at normally receives			s support fro	m a governn	nental unit or	from the ge	neral public
8	\vdash			on 170(b)(1)(A)(vi). : described in sectio i			mplete Part	TT \			
9	<u>'</u>			at normally receives			-	-	abutions mo	mharchin fai	ac and groce
9	,										
				ities related to its e							
				oss investment inco						ı tax) ironi i	ousmesses
40	_	-		ganızatıon after June 	-			•	-		
10	<u> </u>	_		ganızed and operateo							
11	1			ganized and operated ly supported organiz							
				bes the type of supp						See Section	309(a)(3). Check
				b Type II c						Non-functio	nally integrated
е	Г			ox, I certify that the							
	·			on managers and ot							
			n 509(a)(2)								
f				received a written d	etermination	from the I	RS that it is a	a Type I, Ty	pe II, or Typ	e III suppo	rting organization,
			this box	2006, has the organ	ization accei	nted any dif	ft or contribu	tion from an	v of the		ı
g			ng persons?	2000, has the organi	izacion acce	pred any gn	ic or continu	cion nom an	ly of the		
				rectly or indirectly o	controls, eith	ner alone or	together wit	h persons d	escribed in (II)	Yes No
		and (III) below, the	governing body of th	ne supported	organizatio	on?			1:	lg(i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?					.g(ii)
				lled entity of a perso			above?				g(iii)
h				ng information about						<u> </u>	
				J			. ,				
(i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did yo	ou notify	(vi) I:	s the	(vii) A mount of
_	uppo		` ´	organization	organizat		the organ	•	organiza		monetary
or	ganiz	ation		(described on	col (i) lıs	ted in	ın col (i)	of your	col (i) or	rganızed	support
				lines 1 - 9 above	yourgove	_	suppo	ort?	ın the	US?	
				or IRC section (see	docume	ent?					
				(see instructions))		1		<u> </u>			_
					Yes	No	Yes	No	Yes	No	
Total											

Schedule A (Form 990 or 990-EZ) 2012 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not 1,766,349 2,456,932 9,319,396 3,916,045 2,550,747 20,009,469 include any "unusual grants ") 7 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 1,766,349 2,456,932 9,319,396 3,916,045 2,550,747 20,009,469 Total. Add lines 1 through 3 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 Public support. Subtract line 5 20,009,469 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 **(e)** 2012 (f) Total beginning in) 🟲 1,766,349 2,456,932 9,319,396 3,916,045 2,550,747 20,009,469 Amounts from line 4 Gross income from interest, dividends, payments received on 18,350 19,478 8,182 13,673 5,665 securities loans, rents, royalties 65,348 and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 20,074,817 through 10) Gross receipts from related activities, etc (see instructions) 12 12 2,604,103 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 99 670 % Public support percentage for 2011 Schedule A, Part II, line 14 15 15 99 210 % 16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ┢┎ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported $\vdash \Gamma$ organization b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493069006354

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

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

Open to Public

temal	Revenue Service	m 990. ► See separate instructions.		Inspec	tion
	ne of the organization HOUSING FUND		Emp	oloyer identification number	er
IIIL	HOOSING FOND		62-	1632388	
Pai	organizations Maintaining Donor Advorganization answered "Yes" to Form 990				te ıf the
	<u> </u>	(a) Donor advised funds		(b) Funds and other accou	unts
	Total number at end of year				
!	Aggregate contributions to (during year)				
;	Aggregate grants from (durıng year)				
	Aggregate value at end of year				
•	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the organization's		or advi	rsed Yes	┌ No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the benef				□ No
20.5	conferring impermissible private benefit? t III Conservation Easements. Complete if	the organization answered "Ves" t	o Forn	<u> </u>	1 140
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	or education) Preservation of an Preservation of a G	certifie	rically important land area and historic structure	
				Held at the End of the	Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified history	oric structure included in (a)	2c		
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	juired after 8/17/06, and not on a	2d		
	Number of conservation easements modified, transferr	ed, released, extinguished, or terminate	d by th	he organization during	
	the tax year ►				
	Number of states where property subject to conservat	ion easement is located 🗠			
	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of	f violations, and	┌ No
	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	nents c	during the year	
,	A mount of expenses incurred in monitoring, inspecting \$\blue{\subset}\$\$	g, and enforcing conservation easements	s during	g the year	
	Does each conservation easement reported on line 2(α and section 170(h)(4)(B)(II)?	d) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ı) Yes	┌ No
)	In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemed	e footnote to the organization's financial ents	stater	ments that describes	
ari	Organizations Maintaining Collection Complete if the organization answered "Y	s of Art, Historical Treasures, 'es" to Form 990, Part IV, line 8.	or Ot	her Similar Assets.	
.a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education,	or rese	earch in furtherance of pub	
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education,			lıc
	(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, histor following amounts required to be reported under SFAS		or finan		
а	Revenues included in Form 990, Part VIII, line 1			▶ \$	

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art	, HIS	<u>tori</u>	<u>cai ii</u>	<u>easu</u>	res, or O	tne	r Similar As	ssets	<u>(contin</u>	ued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	eck	any of	the follo	owing that a	are a	significant us	e of its		
а	Public exhibition		d	Γ	Loan	or exch	nange progi	rams				
b	Scholarly research		e	Γ	Othe	r						
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ıın hov	v the	y furthe	er the o	rganızatıor	ı's ex	cempt purpose	ın		
5	During the year, did the organization solicit								nılar	┌ Yes	. –	No
Par	assets to be sold to raise funds rather than to the sold to raise funds rather than to the sold to the		-						es" to Form	•	, ,	140
	Part IV, line 9, or reported an an											
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	ediary	for c	ontribu	itions o	r other ass	ets	not	┌ Yes		No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able		_					
							-		Aı	mount		
с	Beginning balance						-	1c				
d	Additions during the year						-	1d				
e	Distributions during the year						-	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							☐ Yes	·	No _
ь	If "Yes," explain the arrangement in Part XII	I Check here If the	expla	natio	n has	been pr	ovided in F	art :	XIII		<u>. </u>	
Pa	rt V Endowment Funds. Complete											
1-	Paginning of year halance	(a)Current year	(b)	Prior	year	b (c) Tv	vo years back	((d)	Three years back	(e) Fοι	r years	back
1a b	Beginning of year balance											
C	Net investment earnings, gains, and losses							╁				
	Net investment earnings, gams, and losses							\perp				
d	Grants or scholarships							_				
e	Other expenditures for facilities and programs											
f	Administrative expenses							╄				
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end balan	ce (lın	e 1 g	, colum	ın (a)) h	eld as					
а	Board designated or quasi-endowment ►											
b	Permanent endowment ►											
C	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon t	that	are hel	d and a	dmınıstere	d for	the		1	_
	organization by (i) unrelated organizations					_	_		3a	-	es No	<u> </u>
	(ii) related organizations			_ •								_
b	If "Yes" to 3a(II), are the related organization						· . · . · .	٠.	<u> </u>	b	- 	_
4	Describe in Part XIII the intended uses of th	ne organization's en	dowm	ent f	unds							_
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa				•					
	Description of property				i) Cost o sis (inve		(b)Cost or basis (oth		(c) Accumulate depreciation	ed (d) Book v	alue
1a	Land											
b	Buildings		•									
С	Leasehold improvements											
d	Equipment						354	1,276	146,2	244	208	8,032
	Other),884	<u> </u>	902	23	3,982
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990 Part	X colu	mn /	- \ /	404 11					22.	2,014

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III (a) Description (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin (a) Description (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
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Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X (a) Description of liability	ne 15. ption .) c, line 25.	
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Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of liability	ne 15. ption .) c, line 25.	

	,		
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	3,024,507
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	2,434
3	Subtract line 2e from line 1	3	3,022,073
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
C	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,022,073
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per	Return
1	Total expenses and losses per audited financial statements	1	2,785,432
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	2,434
3	Subtract line 2e from line 1	3	2,782,998
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII).............. 4b		
С	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,782,998

Part XIII Supplemental Information

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

I dentifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		MANAGEMENT PERFORMS AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE HOUSING FUND'S INCOME TAX RETURNS TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES MANAGEMENT HAS PERFORMED ITS EVALUATION OF ALL INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT" STANDARD ACCORDINGLY, THERE ARE NO PROVISIONS FOR INCOME TAXES, PENALTIES OR INTEREST RECEIVABLE OR PAYABLE RELATING TO UNCERTAIN INCOME TAX POSITIONS IN THE HOUSING FUND'S FINANCIAL STATEMENTS
PART XI, LINE 2D - OTHER ADJUSTMENTS		EXPENSES RELATED TO RENTAL INCOME 2,434
PART XII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES RELATED TO RENTAL INCOME 2,434

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

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

OMB No 1545-0047

DLN: 93493069006354

Inspection

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

► Attach to Form 990

Name of the organization Employer identification number THE HOUSING FUND 62-1632388 Part General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of **(b)** EIN (c) IRC Code section (d) Amount of cash (e) Amount of non-(f) Method of (a) Description of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance cash grant (book, FMV, appraisal, or government assistance other) (1) HABITAT FOR 58-1636286 501(C)(3) 533,739 FLOOD HOME **HUMANITY OF GREATER PURCHASE & REHAB** NASHVILLE 2950 KRAFT DRIVE 100 NASHVILLE, TN 37204 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Schedule I (Form 990) 2012

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.										
(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistanc					
(1) FLOOD HOME REPAIR GRANT	45	101,351	C							

	Part IV Supplemental Information. In plete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information										
Identifier Return Reference			Explanation								
			NDIVIDUAL CLIENT FILES THAT O ESTABLISH ELIGIBILITY FOR S								

DLN: 93493069006354

OMB No 1545-0047

(Form 990 or 990-EZ)

Schedule L

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

Transactions with Interested Persons

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization THE HOUSING FUND

Employer identification number

									-1632				
					501(c)(3) an								
					n Form 990, Pa								
1 (a) Nam	ne of disqual	ified person			p between disq ind organization		(c) Descr	ption of	rtrans	action	<u> </u>	d) Corre	
			pe	3011 6	The organization	'					 '	res	No
											-+		
											-		
											-		
3 Entartha	amount of ta	v incurred by	, organizatio	n ma	nagers or disqu	ialified perce	one during the	r.II	ndoro	action			
4958 .	annount or ta	ix iliculted by	y Organizatio	, ii iiia	nagers or disqu	iaiiiieu peisi		year u	. I	• \$ -			
	amount of ta	v ifany on	line 2 above	· ·	nbursed by the	organization				F \$			
5 Linter the	amount or to	12, 11 ally, 011	iiie 2, above	-, rem	ibursed by the	organizacioi		• •	•	- Ψ <u>-</u>			
Part II Lo	ans to ar	nd/or Froi	m Interes	ted	Persons.								
					on Form 990-I	EZ, Part V, I	line 38a, or F	orm 990), Part	IV, line	e 26, o	r ıf the	
					0, Part X, line 5								
(a) Name of	(b) Relation	nship (c) Pur	pose of loan		Loan to	al (f) Balanc) In	(h		(i)Written			
ınterested	with organization				rom the	principa		defa	ault?	Appro		agreen	nent?
person				orga	nization?	amount	:		by board o				
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				To		20.0	20.0	Yes	No	Yes	No	Yes	No
L)TRACY LEXANDER		FLOOD) TANCE		X	20,0	20,0	00	No	Yes		Yes	
LEXANDER		I	RLOAN										
2) IAN			PAYMENT	†	X	14,2	286 10,0	00	No	Yes	+	Yes	1
EYNOLDS			TANCE,		^	Í			'''	' "		' "	
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					terested Pe								
		_			"Yes" on Forn		t IV, line 27						
(a) Name of I			nship betwe		(c) A mount of	assistance	(d) Type	ofassis	tance	(e)	Purpos	e of assı	stanc
perso	n		person and	the									
\ TDA CV 4:5	VANDED		nization	+			FI 0 0 D 4 C C	TCT A P'	<u></u>	-			
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Part IV Business Transactions						
Complete if the organization	<u>on answered "Yes" on I</u>	<u>Form 990, Part IV, lı</u>	ne 28a, 28b, or 28c.			
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
See Additional Data Table						

Part V Supplemental Information

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

Ident if ier	Return Reference	Explanation
		Cabadula I (Farm 000 as 000 F7) 2012

Schedule L (Form 990 or 990-EZ) 2012

Software ID: Software Version:

EIN: 62-1632388

Name: THE HOUSING FUND

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organız	aring of zation's nues?	
	organization			Yes	No	
(1) KELLY HARTER	BOARD OF DIRECTORS OF THF AND BANK OF AMERICA CUSTOMER ASSISTANCE MANAGER	1,500,000	PROGRAM RELATED INVESTMENTS LOAN IN THE NORMAL COURSE OF BUSINESS WITH BANK OF AMERICA TO THE HOUSING FUND		No	
(2)LATRISHA JEMISON	BOARD OF DIRECTORS OF THF AND REGIONS BANK SENIOR VICE PRESIDENT	1,700,000	CDFI EQUITY EQUIVALENT INVESTMENT LOAN IN THE NORMAL COURSE OF BUSINESS WITH REGIONS BANK TO THE HOUSING FUND		Νο	
(3) ERNEST FELTS	BOARD OF DIRECTORS OF THF AND SR VP - REAL EST LENDING GROUP FIRST TN BANK	250,000	CDFI EQUITY EQUIVALENT LOAN IN THE NORMAL COURSE OF BUSINESS WITH FIRST TENNESSEE BANK TO THE HOUSING FUND		No	
(4) STEVE KEMMER	LOAN COMMITTEE MEMBER & US BANK OFFICER	2,000,000	CDFI EQUITY EQIVALENT INVESTMENT LOAN IN THE NORMAL COURSE OF BUSINESS WITH USBANK BANK TO THE HOUSING FUND		No	
(5) KELLY HARTER	BOARD OF DIRECTORS OF THF AND BANK OF AMERICA CUSTOMER ASSISTANCE MANAGER	197,911	MONEY MARKET ACCOUNT		No	
(6) LATRISHA JEMISON	BOARD OF DIRECTORS OF THF AND REGIONS BANK SENIOR VICE PRESIDENT	259,599	CERTIFICATE OF DEPOSIT		No	
(7) STEVE KEMMER	LOAN COMMITTEE MEMBER & US BANK OFFICER	262,369	CERTIFICATE OF DEPOSIT		No	
(8) PHIL RYAN	BOARD OF DIRECTORS OF THF AND EXECUTIVE DIRECTOR OF MDHA	0	COST OF LEASED STAFF COMPENSATION, TAXES AND EMPLOYEE BENEFITS FROM MDHA, WHICH IS FULLY REIMBURSED TO MDHA		No	
(9) PHIL RYAN	BOARD OF DIRECTORS OF THF AND EXECUTIVE DIRECTOR OF MDHA	313,011	AFFORDABLE HOUSING DEVELOPMENT LOANS MADE TO METROPOLITAN DEVELOPMENT AND HOUSING AGENCY IN THE NORMAL COURSE OF BUSINESS OUTSTANDING AT FISCAL YEAR END		No	
(10) ERIK COLE					No	

OMB No 1545-0047

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SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Name of the organization THE HOUSING FUND **Employer identification number** 62-1632388

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	
	FORM 990, PART VI, SECTION B, LINE 12C	NEW BOARD MEMBERS ARE GIVEN A COPY OF THE POLICY WHEN THEY BECOME BOARD MEMBERS EMPLOYEES ARE GIVEN A COPY OF THE HOUSING FUND POLICY AND PROCEDURE MANUAL AND ALL ARE INSTRUCTED T O LET THE HOUSING FUND KNOW IF ANYTHING CHANGES REGARDING THE POLICY AND THEIR SITUATION ON ALL CLIENT APPLICATIONS, PROSPECTIVE CLIENTS ARE ASKED TO IDENTIFY ANY RELATIONSHIPS WI TH ANY ONE ASSOCIATED WITH THE HOUSING FUND
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE CEO IS SET BY THE BOARD OF DIRECTORS ALL OTHERS ARE PAID IN ACCOR DANCE WITH MDHA PAY/STEP CHARTS, WHICH ARE REVIEWED ON A RECURRING BASIS
	FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST
CONTRACTUAL SALARY REIMBURSEMENT	FORM 990, PART IX, LINE 24B	THE HOUSING FUND'S STAFF, INCLUDING OFFICERS, ARE LEASED FROM THE METROPOLITAN DAVIDSON HO USING AUTHORITY, MDHA THE HOUSING FUND REIMBURSES MDHA FOR THE SALARIES AND RELATED FRING E BENEFITS, INCLUDING EMPLOY MENT RELATED TAXES, INSURANCE AND PENSION COSTS
	FORM 990, PART IX, LINE 24A BAD DEBT EXPENSE	THE FLOOD ASSISTANCE LOANS OUTSTANDING INCREASED BY APPROXIMATELY 3 3 MILLION DOLLARS IN F YE 2011, BY \$365,737 IN FYE 2012, AND BY \$93,973 IN FYE 2013 THE LOAN RESERVE WAS DEVELOP ED BASED ON THE NATURE OF THE LOANS AND THE SECURITY POSITION THE ORGANIZATION MAINTAINS O N THE PROPERTY THE HOUSING FUND IS IN THE SECOND OR SOMETIMES THIRD POSITION ON THE SECUR ED PROPERTY, THUS, IN THE EVENT OF DEFAULT, COLLECTING PROCEEDS FROM IMPAIRED COLLATERAL W OULD BE UNLIKELY CONSIDERING THE DAMAGE INCURRED AND THE DECLINE IN VALUE OF THE HOUSES D UE TO THE MAY 2010 FLOOD, MANAGEMENT DECIDED TO TAKE A CONSERVATIVE APPROACH AND ESTABLISH A BLENDED RESERVE OVER 64% OF THE RECEIVABLE BALANCE. THIS ACCOUNTS FOR 2 3 MILLION OF TH E BAD DEBT EXPENSE FOR FYE 2011, \$89,906 IN FYE 2012, AND \$18,000 IN FYE 2013
	PART XII, LINE 2C	THE PROCESS IS UNCHANGED FROM THR PRIOR YEAR THE HOUSING FUND HAS AN AUDIT COMMITTEE, COM PRISED OF MEMBERS OF ITS BOARD THE COMMITTEE PROVIDES OVERSIGHT OF THE FINANCIAL STATEMEN T AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT TO PERFORM THE AUDIT OF THE FINANCIAL S TATEMENTS

SCHEDULE R Related Orga

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization THE HOUSING FUND

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Employer identification number

DLN: 93493069006354

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Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) If section 501(c)(3)) Direct controlling entity [13] [13] [13] [14] [15] [16] [17] [18] [18] [18] [19] [19] [19] [19] [10] [10] [10] [10] [10] [11] [12] [13] [13] [14] [15] [16] [17] [18] [18] [18] [19] [19] [19] [10]					62-16323	388			
Name, address, and EIN (f applicable) of deregarded entity Primary activity Legal domicile (state of fluering country) Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had or more related tax-exempt organizations during the tax year.) Name, address, and EIN of related organization Primary activity Legal domicile (state of fluering country) Rame, address, and EIN of related organizations during the tax year.) Legal domicile (state of fluering country) Legal domicile (state of fluering country)	t I Identification of Disregarded Entities (Comp	olete if the organization	n answered "Yes" t	o Form 990, P	Part IV, line 33.)				
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) Exempt Code section Public charty status (if section 501(c)(3)) Direct controlling entity Primary activity Primary activity Primary activity I Legal domicile (state or foreign country) Public charty status (if section 501(c)(3)) Presidently section 501(c)(3)) Primary activity Primary activi	(a) Name, address, and EIN (ıf applıcable) of dısregarded entity	(b) Primary activity	Legal domicile (state	(d) Total income	(e) End-of-year assets	D	rect controlling		
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity (c) Legal domicile (state or foreign country) (d) Exempt Code section (f) Public charity status (if section 501(c)(3)) (if) Direct controlling entity (if) Section (if) President of the section of									
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization Primary activity Legal domicle (state or foreign country) Exempt Code section (f) Public charity status (if section 501(c)(3)) Primary activity Exempt Code section (Public charity status (if section 501(c)(3)) Primary activity Prima									
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization Primary activity Legal dominicle (state or foreign country) Exempt Code section (f) Fublic charity status (if section 501(c)(3)) Primary activity Primary activity In the controlling entity In the									
or more related tax-exempt organizations during the tax year.) (a) Name, address, and EIN of related organization (b) Primary activity (c) Legal domicile (state or foreign country) (d) Exempt Code section (f) Public charity status (if section 501(c)(3)) (if) Direct controlling entity (if) Section (if) President of the section of									
Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign country) Exempt Code section Public charity status (if section 501(c)(3)) Public charity status (if secti		izations (Complete the tax year.)	I If the organization a	answered "Yes	I s" to Form 990, F	Part IV,	line 34 because i	t had o	ne
Yes	(a) Name, address, and EIN of related organization		Legal domicile (state	(d) Exempt Code se	ction (e) Public charity (if section 501	status (c)(3))	tus Direct controlling (3)) entity		(g) n 512 ontrol ntity?
								Yes	No
erwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50135Y Schedule R (Form 990)									

(a) Name, address, and EIN related organization	of	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominan income(related, excluded froi tax under sections 512	n total incom	(g) Share of end-of-year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or F aging	(k) Percentag ownershi
					,			Yes	No		Yes	No	
Identification of Related Colors and State of St			s a corp le oreign	poration o	(d) t controlling Ty	g the tax y		Share	(g) e of end f-year	(h)	age ·	Sec ((i) ction 512 b)(13) ontrolled entity?
												Ye	es No
1) LAUREL HOUSE PARTMENTS GP INC 05 11TH AVENUE SOUTH ASHVILLE, TN 372034003 8-1270600	RENTAL REAL ESTATE	TN		THE F FUND	IOUSING C					100 00	0 %		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No		
1 Du	ring the tax year, did the orgranization engage in any of the following transactions with one or more i	related organizations lis	sted in Parts II-IV?						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No		
b	Gift, grant, or capital contribution to related organization(s)				1b		No		
С	Gift, grant, or capital contribution from related organization(s)				1c		No		
d	Loans or loan guarantees to or for related organization(s)				1d		No		
e	Loans or loan guarantees by related organization(s)				1e		No		
f	Dividends from related organization(s)				1f		No		
g	Sale of assets to related organization(s)				1 g		No		
h	Purchase of assets from related organization(s)				1h		No		
i	Exchange of assets with related organization(s)				1i		No		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No		
I	Performance of services or membership or fundraising solicitations for related organization(s)				11		No		
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
0	Sharing of paid employees with related organization(s)				10		No		
р	Reimbursement paid to related organization(s) for expenses				1 p		No		
q	Reimbursement paid by related organization(s) for expenses				1q		No		
r	Other transfer of cash or property to related organization(s)				1r		No		
s	Other transfer of cash or property from related organization(s)				1s	Yes			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complet								
	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	ivolved			
1) LA	JREL HOUSE APARTMENTS GP INC 48-1270600	S	14,664	FAIR MARKET VALUE					
			l						

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

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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID:

Software Version:

EIN: 62-1632388

Name: THE HOUSING FUND

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

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