

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



**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Interna	al Revenue	Service	▶ Info	rmation abou	ıt Form 9	90 an	d its instru	ctions i	s at www	v.irs.gov	//form990.		ins	pection
A F	or the 2	013 calend	dar year, or tax yea	r beginning	OCT	1,	2013	and	ending	SEP	30, 2	014		
B CH	neck if oplicable	C Name o	of organization				·			DE	mployer ic	lentifica	ation numb	er
	Address change	Hous	sing Assis	tance C	ounc	il								
$\vdash$	Name change		Business As			_					5	2-09	39288	
	Initial retum		r and street (or P 0	box if mail is no	ot delivered	to stre	et address)		Room/su	ite E T	elephone n	umber		
	Termin- ated		Vermont .						606		(	202)	842-8	500
	Amended	City or	town, state or provi	nce, country,	and ZIP	or fore	gn postal d	ode		<b>G</b> G	ross receipts \$	<u>.                                    </u>	39,63	39,392.
	Applica- tion	Wash	nington, D	C 2000					<u> </u>	H(a)	Is this a gi	roup reti		
	pending	F Name a	and address of prin	cipal officer: ${f T}$	heod	ore	Russe	11			for suborc			es X No
			Vermont A											′es ∐_No
			X 501(c)(3)	501(c) (		insert r	0.) 49	947(a)(1)	<u>or 5</u>	27			st. (see inst	
			ruralhome		7	A	000		1				number >	
			X Corporation	Trust	Associa	ποιτιοπ	Other		LYE	ear of forn	nation 19	/ T M	State of lega	I domicile DC
H8	rt I S	Summary	be the organization		<del> </del>	·C · · ·		Tho	OVOM	2+ DI	irnoso	ie	to im	nrove
e S	1 Bi	nefly descri	be the organization g conditio	's mission or i	most sign	nticant	activities:	r	rith 4	empha	sis o	n th	e noo	rest
Activities & Governance	_		ox ► ☐ if the									_		
Ver			oting members of th					or dispo	osea or m	Ole than	25 /0 01 113	3		26
ဒ္			dependent voting r					line 1b)				4		18
প্ৰ গ			r of individuals emp									5		43
itie			r of volunteers (esti			(		,				6		0
cţi			ed business revenu			n (C), lı	ne 12	_				7a		0.
⋖			d business taxable i						· · · · · · · · · · · · · · · · · · ·		<u>.</u>	7b		0.
									Ĺ		rior Year	j		nt Year
9	8 C	ontribution	s and grants (Part V	'III, line 1h)			•		1	12,	,953,1			61,988.
nue	9 P	rogram sen	vice revenue (Part V	'III, line 2g)					Ļ		896,8			09,637.
Revenue	<b>10</b> In	vestment ii	ncome (Part VIII, co	lumn (A), lines	3, 4, and	d 7d)				<u> </u>	514,2		2	94,770.
ш	ı		ie (Part VIII, column						ļ		264 1	0.		0.
			e - add lines 8 throu					<u>line 12)</u>		14,	,364,1		9,1	66,395.
			imilar amounts paid				3)					0.		
			toor for members							3	,774,7	0.	2 6	94,069.
es			er compensation, e				umn (A), lin	es 5·10)	)	3,	, / / 4 , /	0.	3,0	0.
Expenses			fundraising fees (P				-		0.			_ <u>_</u> -	-, <del></del>	
Ä			sing expenses (Par						<del></del>	7	,709,3	123	6 4	53,691.
_	17 0	Other expens	ses (Part IX-columnes 13-17	(A), lines 11a	1:1:10, 111	(•24e)	(A) line 05)				,484,1			47,760.
						olumn	(A), line 25,		• }		,880,0			81,365.
-SS	19 R	evenue les	s expenses. Subtra	Ct inte-roation	riiie 12			_	<u></u>		ng of Curren			of Year
Net Assets or Fund Balances	20 T	otal accete	(Part X, line 16)						ŀ		,508,7			74,517.
Ass	21 T		es (Part X, line 26)						ļ		,073,2			97,815.
Set	22 N		or fund balances. Su	btract line 21	from line	20			l		, 435, 5			76,702.
	art II		re Block					·						
Und	er penalt	ies of perjury	, I declare that I have	examined this r	eturn, ınclı	uding a	companyin	g schedu	les and sta	tements,	and to the b	est of my	knowledge	and belief, it is
true,	, correct,	and complet	te Declaration of prep	arer (other than	officer) is	based	on all inform	ation of v	which prep	arer has a	ny knowled	ge		
			ma ]								<u> </u>	·24	-14-	
Sig	n [1	•	ire of officer		_						Date	•		
Her	e			Executi	<u>lve</u> D	ire	ctor							
		Type o	r print name and title						<del></del>	Doto	<del></del>	<del></del>	DTIN	
			reparer's name		11/1-	•	signature	~ ,10	1	Date	la la	Check If	PTIN	
Paid	<b>—</b>		35A Cha				e Je	X 44	V	10.6	3.7015		6 PU14	69189 58168
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use	Only	Firm's addre	ss 2205 Li	nden La Spring,		200	10				Phone	no / 3 (	01)565	-4221
	. 46 - 171	O die **						<u> </u>	_ <del></del>		LEUDIIA	110 ( 3 (		es No
May	y the IK	o discuss t	his return with the p	reparer snow	n above :	(266)	istructions	<u>,                                    </u>						ea

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

See Schedule O for Organization Mission Statement Continuation

Form 990 (2013)

	990 (2013) HOUSING ASSISTANCE COUNCIL 32-0939200 Page 2
rar	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
	<u> </u>
1	Briefly describe the organization's mission:  The example purpose is to improve housing conditions for the rural
	The exempt purpose is to improve housing conditions for the rural
	poor, with emphasis on the poorest of the poor in the most rural
	places. HAC helps local public, private and nonprofit organizations
	build affordable homes in rural America by providing below-market
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code) (Expenses \$5,552,988. including grants of \$) (Revenue \$904,632.)
	The tasks undertaken in FY 2014 were lending to low-income housing
	projects and administering several revolving loan funds for low-income
	housing projects
4b	(Code ) (Expenses \$ 2,772,398 · including grants of \$ ) (Revenue \$ 104,885 · )
	The Organization also provided training and technical assistance on
	rural housing issues to various community groups throughout the US.
	(Code ) (Expenses \$ 876,869 • including grants of \$ ) (Revenue \$ 120 • )
4c	(Code) (Expenses \$ 876,869. including grants of \$) (Revenue \$) (Revenue \$)  Research on subjects related to the housing conditions of the rural
	poor.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$
4e	Total program service expenses ▶ 9,202,255.
	Form <b>990</b> (2013)
33200 10-29	)2 -13

· · · · · · · ·		-	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
•	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments · program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			1
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	۱.,		х
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	126	x	1
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13	1	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a 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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<del> </del>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			X
	1c and 8a? If "Yes," complete Schedule G, Part II	18	├	<b>├^</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$\vdash$	X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		† <del></del> -
	11 100 12 mil man) and the additional enters a pabl at the section different appropriate to the tenth.	•	990	(2013)

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Par	t IV Checklist of Required Schedules (continued)		,	
		لـــــا	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		ļ	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	Х
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	X	
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	е		
	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 25a	24a	<u> </u>	<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		l	
	any tax-exempt bonds?	. 24c	ļ	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d	ļ	
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	<u> </u>	Х
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26	X	<u> </u>
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	ļ	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<del>                                      </del>	X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an office	er,		١
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<b> </b>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	١
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			١,,
	If "Yes," complete Schedule N, Part I	31	· <del> </del>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	. 32	<del> </del>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33	┼	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		,,	
	Part V, line 1	34	X	- 77
35a	·	35a	<b>-</b>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	-	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization		v	
	If "Yes," complete Schedule R, Part V, line 2	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	4	X

Form **990** (2013)

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Page 5

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			ĺ
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			İ
	(gambling) winnings to prize winners?		1c	X	L
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 43			ĺ
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X	1
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х
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.			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
-	any contributions that were not tax deductible as charitable contributions?	· ·	6a		X
ь	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions or gifts			
_	were not tax deductible?	-	6ь		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe		7g		<u>.</u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h	1	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D	id the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8	<u> </u>	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		L_
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9ь	ļ	ļ
10	Section 501(c)(7) organizations. Enter:	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:	( )			
а	Gross income from members or shareholders	11a	-		
þ	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a	ļ	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				-
а	is the organization licensed to issue qualified health plans in more than one state?		13a	ļ	<del> </del>
	Note. See the instructions for additional information the organization must report on Schedule O.				1
b	Enter the amount of reserves the organization is required to maintain by the states in which the	11			1
	organization is licensed to issue qualified health plans	13b	-		
C	Enter the amount of reserves on hand	13c	<u> </u>	<del> </del>	+ +
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	-	X
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ie U	<u>  14b</u> -	000	1004

Housing Assistance Council Form 990 (2013) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 26 1a 1a Enter the number of voting members of the governing body at the end of the tax year 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 0. 18 **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors, or trustees, or key employees to a management company or other person?  $\overline{\mathbf{X}}$ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?  $\overline{\mathbf{X}}$ 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7Ь Х persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a a The governing body? X **b** Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12b b Were officers directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a a The organization's CEO, Executive Director, or top management official X 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b |f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure None List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) 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: The Corporation - 202-842-8600 20005 NW, Washington, DC, # 600 1025 Vermont Avenue, Form 990 (2013) 332006 10-29-13

#### Housing Assistance Council Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

(A)	(B)			((	C)			(D)	(E)	(F)	
Name and Title	Average	(40	Position (do not check more than one					Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	s bot	h an	compensation	compensation	amount of	
	week		cer an	dad	irecto	r/trus	itee)	from	from related	other	
	(list any	director	lacto				the	organizations	compensation		
	hours for	5	88					organization	(W-2/1099-MISC)	from the	
	related organizations	trustee	慧		88	Den Co		(W-2/1099-MISC)		organization and related	
	below	E T	E E		흫	\$ ₹				organizations	
	line)	Indiwdual	institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organization o	
(1) Karin Klusmann	40.00		† <del>-</del>				<u> </u>				
Loan Fund Director/Asst. S		X		X		X		132,204.	0.	30,994.	
(2) Joseph Belden	40.00										
Assistant Secretary		X		X	X	X		175,826.	0.	20,804.	
(3) Moises Lcza	40.00		ļ						_		
Board of Director		X	ļ		X	Х		245,318.	0.	32,029.	
(4) Polly Nichol	1.00	1									
Board Chair			ļ	X		<u> </u>		0.	0.	0.	
(5) Andrew Bias	0.60	1				1			_	_	
President		<u> </u>		Х		<u> </u>		0.	0.	0.	
(6) Richard Tucker	0.60		ł						_	_	
Treasurer				X		<u> </u>		0.	0.	0.	
(7) Theodore Russell	40.00	1							_ '		
Asst. Treasurer/ Director_		<u> </u>	<u> </u>	X	_	<u> </u>		92,515.	0.	29,245.	
(8) Peter Carey	0.60						-			_	
Vice President			ļ	X		<u> </u>	$oxed{oxed}$	0.	0.	0.	
(9) Swynice Hawkins	0.60						l			_	
Secretary			ļ	X	L_	ļ	↓_	0.	0.	0.	
(10) Twila Martin-Kekahbah	0.60									_	
Board of Director		-	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.	
(11) Sandra Ferniza	0.60	1								_	
Board of Director		1	<u> </u>	<u> </u>		<u> </u>	<u> </u>	0.	0.	_0.	
(12) Robert Calvillo	0.80	-	İ								
Board of Director		<del>  -</del>	↓	<u> </u>	L	<u> </u>	↓_	0.	0.	0.	
(13) William Powers	0.50	1	1	ļ							
Board of Director		<u> </u>	╄	١.	_	1	<u> </u>	0.	0.	0.	
(14) Pedro Rodriguez	0.60	-			1						
Board of Director		-	╄	<u> </u>	-	╄	-	0.	0.	0.	
(15) Irene Sikelianos	0.60	4					1				
Board of Director	1 00	ـ	┼-	<u> </u>	<del> </del>	<del>↓</del> _	╁	0.	0.	0.	
(16) Lauriette West-Hoff	1.00	-									
Board of Director			┼-	<u> </u>	<del> </del>	↓	$\vdash$	0.	0.	0.	
(17) Dave Lollis	0.30	4		1			1			_	
Board of Director		L_	<u>l</u> .	]	1		1	0.	0.	0.	
332007 10-29-13										Form <b>990</b> (2013)	

332007 10-29-13

Part VII Section A. Officers, Directors, T	rustees, Key Em	ploy	ees	, and	<u>d Hi</u>	ghe	st C	ompensated Employee	es (continued)	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do			nore	) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	<del></del>	1	T	1	T	133,	from the	from related organizations	other compensation
	hours for	<u>B</u>		i		-		organization	(W-2/1099-MISC)	from the
	related	8	18			쁄		(W-2/1099-MISC)	(11 2 1000 111100)	organization
	organizations	Individual trustee or director	Institutional trustee		8	Ē		( 2		and related
	below	daga	質	25	Кеу етфіоуве	o Sec	늘			organizations
	line)	ğ	眶	B B B	Ş.	Highest compensated employee	Former			
(18) Arturo Lopez	0.60							_		_
Board of Director		<u> </u>			<u> </u>		<u> </u>	0.	0.	0.
(19) Maria Luisa Mercado	0.30	1			ł			_	_	
Board of Director		<u> </u>	<u> </u>		<u>L</u>			0.	0.	0.
(20) Gideon Anders	0.80								_	_
Board of Director					L.			0.	0.	0.
(21) Janaka Casper	0.60			1					_	
Board of Director		L.	<u> </u>	<u>.</u>	_	<u> </u>		0.	0.	0.
(22) Ninfa Gutierrez	0.30	1								_
Board of Director		<u> </u>			<u> </u>	↓_		0.	0.	0.
(23) Lenin Juarez	0.30								_	_
Board of Director			<u> </u>				L	0.	0.	0.
(24) The Hon. Bennie Thompson	0.10			ļ					_	
Board of Director		<u> </u>			$oxed{igspace}$	1		0.	0.	0.
(25) Dazetta Thorne	0.60	1		ľ						
Board of Director		↓		<u> </u>	<u> </u>	丄	<u>L</u>	0.	0.	0.
(26) Marvin Ginn	1.00					1	ŀ		_	_
Board of Director				<u> </u>	<u> </u>	<u> </u>	<u>L</u>	0.	0.	0.
1b Sub-total								645,863.	0.	113,072.
c Total from continuation sheets to Pa	rt VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	645,863.	0.	113,072.
2 Total number of individuals (including b	out not limited to th	nose	e list	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable	_
compensation from the organization	<u> </u>									3
										Yes No
3 Did the organization list any former offi	icer, director, or tr	uste	e, k	эу е	mpl	oyee	, or	highest compensated e	mployee on	
line 1a? If "Yes," complete Schedule J										3 X
4 For any individual listed on line 1a, is the									the organization	
and related organizations greater than										4 X
5 Did any person listed on line 1a receive							rela	ted organization or indiv	idual for services	
rendered to the organization? If "Yes,"	complete Schedu	le J	for s	uch	per	rson			·····	5 X
Section B. Independent Contractors							_		<del> </del>	
1 Complete this table for your five highes										sation from
the organization. Report compensation	for the calendar	/ear	end	ıng	with	or v	vithi	n the organization's tax	year.	
(A)			~~~	_				(B)		(C)
Name and busin	ness address	N	ON	E _				Description of	services	Compensation
					_					
	·	_								<del></del>
	<del></del>		1	•				<del></del>		······
2 Total number of independent contractor		not l	ıımıte	ed to	o the	ose l ∩	ıste	d above) who received i	more than	
\$100,000 of compensation from the or	rganization P	+ -	~	<u> </u>	<del>;</del> -	<u>~</u>	<u>~</u> _			F 000 (55)
See Part VII, Sect	TOIL A CON	L1	шu	аt	ΤO	111	2 []	iee CS		Form <b>990</b> (2013)
332008 10-29-13										

	(A) Total revenue	(B) Related or	(C) Unrelated	(D)
	Total levellus	exempt function revenue	business revenue	Revenué excluded from tax under sections 512 - 514
1 a Federated campaigns				
### 1 a Federated campaigns  b Membership dues  c Fundraising events  d Related organizations  f All other contributions, gifts, grants, and similar amounts not included above  f Noncash contributions included in lines 1a-1f \$  h Total. Add lines 1a-1f				
c Fundraising events				
d Related organizations				
e Government grants (contributions) 1e 7,604	488.			
f All other contributions, gifts, grants, and				
similar amounts not included above . 1f 257	500.			
9 Noncash contributions included in lines 1a-1f \$				
h Total. Add lines 1a-1f	7,861,988.			
Business	Code			
2 a Loan interest & fees 900099	911,262.	911,262.		
2 a Loan interest & fees   900099	104,885.	104,885.		
c Other Income 900099	26,890.	26,890.		
d Publications & wkshops 900099	120	120.		
e Loss from Subsidiary 900003	<33,520.	<33,520.	>	
f All other program service revenue				
g Total. Add lines 2a-2f	1,009,637			
3 Investment income (including dividends, interest, and		!		
other similar amounts)	348,293,	. 348,293.		
4 Income from investment of tax-exempt bond proceeds	<u> </u>			
5 Royalties	<u> </u>			
(i) Real (ii) Pers	onal			
6 a Gross rents				
b Less: rental expenses	<u>.                                    </u>			
c Rental income or (loss)				
d Net rental income or (loss)	<b>D</b>			<u></u>
7 a Gross amount from sales of (i) Securities (ii) Ot	er			
assets other than inventory 30,419,474.				
<b>b</b> Less. cost or other basis				
and sales expenses 30,472,997.				
c Gain or (loss) <53,523.>				
d Net gain or (loss)	<53,523	<u>.&gt;</u>		<53,523.:
8 a Gross income from fundraising events (not				
including \$ of				
contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses  b				
Part IV, line 18				
b Less: direct expenses	<b>•</b>			
c Net income or (loss) from fundraising events		-		<u></u>
9 a Gross income from gaming activities. See				
Part IV, line 19				
b Less: direct expenses b	<b>•</b>	ŧ		
c Net income or (loss) from gaming activities				<del> </del>
10 a Gross sales of inventory, less returns				
and allowances a  b I ess: cost of goods sold b	<del></del>			
1 2 2000 000 0 90000 0 0 0	<b></b>	1	[	
c Net income or (loss) from sales of inventory  Miscellaneous Revenue Busines:		-		
	Code		Ì	1
11 a	<del></del>			
b				
d All other revenue				<del>                                     </del>
e Total. Add lines 11a-11d	<b>•</b>		<del> </del>	1
12 Total revenue. See instructions	9,166,395	. 1,357,930.	0	. <53,523.
332009 10-29-13				Form <b>990</b> (2013)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Fundraising (B) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV. line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 758,934. 636,773. 122,161. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,136,138. 1,796,473. 339,665. Other salaries and wages 7 Pension plan accruals and contributions (include 91,068. 74,986. 16,082 section 401(k) and 403(b) employer contributions) 420,300. 510,440. 90,140. Other employee benefits 197,489. 162,614. 34,875. 10 Payroll taxes Fees for services (non-employees): 11 Management 31,917. 28,280. 3,637. Legal b 9,873. 86,645. 76,772. Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 40,435 354,848 314,413. column (A) amount, list line 11g expenses on Sch 0) 12 Advertising and promotion 112,753. 84,107. 28,646. Office expenses 13 Information technology 14 Royalties 15 509,904. 79,366. 430,538. 16 Occupancy 231,352. 192,823. 38,529. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 312,797. 312,797. 20 Interest 21 Payments to affiliates 11,706. 8,298. 3,408. 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered 24 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) 3,039,215. 3,039,215 SHOP loans converted to 729,096. Bad debt expense/(recov 729,096. 478,828. 478,828. Pass-throughs 154,309. 34,225. 104,463. d Equipment lease & Maint 120,084. 400,321 295,858. All other expenses 10,147,760. 9,202,255. 945,505. 0. Total functional expenses. Add lines 1 through 24e 25 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)

332010 10-29-13

HAC 1

- ***	· ·	Check if Schedule O contains a response or note	o any line in this Part X			
	_			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		31,806.	1	99,365.
	2	Savings and temporary cash investments		5,541,808.	2	7,821,572.
	3	Pledges and grants receivable, net		2,105,808.	3	865,353.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and form	ner officers, directors,			
		trustees, key employees, and highest compensate	d employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualifie	d persons (as defined under			
	1	section 4958(f)(1)), persons described in section 4	958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sectio	n 501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). C	omplete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		24,075,889.	7	21,811,365.
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		74,813.	9	39,240.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 128,051.			-
	ь	Less: accumulated depreciation	124,146.	15,617.	10c	3,905.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		25,896,832.	12	25,893,112.
	13	investments - program-related. See Part IV, line 11		1,234,138.	13	1,304,722.
	14	intangible assets			14	
	15	Other assets. See Part IV, line 11		532,012.	15	635,883.
	16	Total assets. Add lines 1 through 15 (must equal	line 34)	59,508,723.	16	58,474,517.
	17	Accounts payable and accrued expenses		614,797.	17	683,467.
	18	Grants payable .			18	
	19	Deferred revenue .	51,420.	19	51,420.	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Pa	rt IV of Schedule D		21	
es	22	Loans and other payables to current and former of	fficers, directors, trustees,			
Ħ	i	key employees, highest compensated employees	and disqualified persons.			
Liabilities		Complete Part II of Schedule L		13,150.	<del></del>	13,160.
_	23	Secured mortgages and notes payable to unrelate	ed third parties	16,393,407.	23	16,349,325.
	24	Unsecured notes and loans payable to unrelated		. , ,	24	
	25	Other liabilities (including federal income tax, paya				
		parties, and other liabilities not included on lines 1	7-24). Complete Part X of	440		440
		Schedule D .		443.		443.
	26	Total liabilities. Add lines 17 through 25	<b>.</b> [1]	17,073,217.	26	17,097,815.
		Organizations that follow SFAS 117 (ASC 958),				
Ses		complete lines 27 through 29, and lines 33 and	34.	12 227 250		0 400 046
<u>a</u>	27	Unrestricted net assets		13,277,250.	27	9,498,046.
Ba	28	Temporarily restricted net assets		17,516,953.	28	19,267,820.
<u> </u>	29	Permanently restricted net assets		11,641,303.	29	12,610,836.
Ę		Organizations that do not follow SFAS 117 (AS	C 958), check here ▶			
S		and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds		<del></del>	30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equ			31	
ž	32	Retained earnings, endowment, accumulated inco	orne, or other funds	42,435,506.	32	41,376,702.
_	33	Total net assets or fund balances	•	59,508,723.		58,474,517.
	34	Total liabilities and net assets/fund balances		33,300,123.	34	Form <b>990</b> (2013)

Form **990** (2013)

Form 9	990 (2013) Housing Assistance Council	52-09	39288	Pag	ge 12
Part	XI Reconciliation of Net Assets	- · ·	•		
	Check if Schedule O contains a response or note to any line in this Part XI				
2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	9,160 10,147 <983	7,7	<u>60.</u>
	Revenue less expenses. Subtract line 2 from line 1	3	42,43		
	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			$\frac{00.}{39.}$
	Net unrealized gains (losses) on investments	5		, 4	39.
_	Donated services and use of facilities	6			
	Investment expenses	7			
	Prior period adjustments	8			0.
	Other changes in net assets or fund balances (explain in Schedule O)	9			<u> </u>
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		41,37	2 7	<b>^</b> 2
	column (B))	10	41,37	5, 1	02.
Pari	Financial Statements and Reporting				X
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O.	-	.00	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	d on a		T.	
	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa consolidated basis, or both:  Separate basis  X Consolidated basis  Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	woull,	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	iedule O			
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
	As a result of a receipt award, was the organization required to undergo an about of about as set forth in the oracle and OMB Circular A-133?	gio / totalt	3a	X	ĺ
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uired audıt	30		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	50 0001	3ь	X	
	or seems, or seems, this in conseque a sine accessed only states toller to sinesige even seems				(2013)

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

Department of the Treasury

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.

OMB No 1545-0047

Open to Public

Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

lame of ti	he organization		3	Caa	. T			En				nber
Part I	Page on f		Assistance ( ty Status (All organiza	_		a this part	) See insti	ructions		<u>2-0939</u>	200	
			pecause it is: (For lines 1					uctions.				
ne organi 1			s, or association of churc									
2 🗀			0(b)(1)(A)(ii). (Attach Sch		1000 111 00		(~)( · )( · )(·)	•				
3 🗔			tal service organization d		n section	170(Ь)(1)(	A)(iii).					
4			operated in conjunction v					(b)(1)(A)(iii	). Enter t	the hospital'	s nam	e,
`	city, and state											
5	section 170( A federal, star An organization section 170(I A community An organization activities relation	b)(1)(A)(iv). (Complete, or local government that normally received (1)(A)(vi). (Completrust described in somethat normally received to its exempt fur	ent or governmental unit eives a substantial part c	described of its supplemental described of its /3% of its in exception	in section or from a Part II.) support froms, and (2	n 170(b)(1 governme rom contri	)(A)(v). ntal unit o butions, m	r from the nembership /3% of its	general o fees, a support	public descr nd gross rec from gross	eipts 1 investi	from ment
		509(a)(2). (Complete										
e	An organization and organization and organization more publicly describes the autopolic organization of the organization of the organization of the organization of the organization of the government of the government of the government of the government of the organization of the organi	on organized and open organized and open organized and open organized and open organized type of supporting barriers box, I certify the anagers and other to ation received a write 17, 2006, has the controlled entity of a person controlled entity of a	perated exclusively to test perated exclusively for the ations described in section organization and complety pell c Type II c Type II	te benefit of the benefit of the lines 1 of the lines 1 of the lines 1 of the lines 1 of the lines 1 of the lines the lines the lines the lines the lines the lines the lines one or together (ii) above ganization (iv) is the control of the lines t	of, to perform to perform the through the	orm the fur on 509(a)(2 in 11h. Integrated in rindirectly ations designed. Type in from any persons control (v) Did you	deby one or of the folk described in some	or to carry ction 509(a Type more disc ection 509 till cowing pers	a)(3). Che III · Norqualified (a)(1) or sons?	eck the box n-functionall persons oth section 509	that y integer that (a)(2).	grated n No
	anization	(.,	(described on lines 1-9	in col (i) lis	sted in your document?			(i) organiz	ed in the	sup	port	
			above or IRC section (see instructions))				,	· · · · · · · · · · · · · · · · · · ·	,			
	<u> </u>			Yes	No	Yes	No	Yes	No			
					1							
										<u> </u>		
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		_		<u> </u>						<u> </u>		
Total		<u> </u>		1	<u> </u>	1			<u> </u>			
	Paperwork Re or 990-EZ.	eduction Act Notice	e, see the Instructions f	or				Schedul	e A (For	m 990 or 99	10-EZ)	2013

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

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

Sec	tion A. Public Support					<del></del>	<del></del>			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
1	Gifts, grants, contributions, and	- ::								
	membership fees received. (Do not									
	include any "unusual grants.")	14006415.	14239508.	10159521.	12953119.	7861988.	59220551.			
2	Tax revenues levied for the organ-		-							
	ization's benefit and either paid to	]								
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	14006415.	14239508.	10159521.	12953119.	7861988.	59220551.			
5	The portion of total contributions		,							
	by each person (other than a	1								
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4						59220551.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
7	Amounts from line 4	14006415.	14239508.	10159521.	12953119.	7861988.	59220551.			
8	Gross income from interest,				,					
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	228,119.	178,511.	665,197.	633,552.	348,293.	2053672.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on		1	<u> </u>						
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 through 10						61274223.			
12	Gross receipts from related activities	, etc. (see instruct	ions)			12 4	1,339,522.			
13	First five years. If the Form 990 is for	or the organization'	s first, second, thi	rd, fourth, or fifth 1	tax year as a sectio	n 501(c)(3)				
	organization, check this box and sto	p here			·		<u>▶</u>			
Se	ction C. Computation of Pub	lic Support Pe	rcentage			T T				
14	Public support percentage for 2013	(line 6, column (f) c	livided by line 11,	column (f))	-	14	96.65 %			
15						15	96.20 %			
168	33 1/3% support test - 2013. If the				14 is 33 1/3% or r	nore, check this b				
	stop here. The organization qualifies						. <b>X</b>			
t	33 1/3% support test - 2012. If the	organization did no	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/3%	6 or more, check	this box			
	and stop here. The organization qua	•								
178	10% -facts-and-circumstances te									
	and if the organization meets the "fa	cts-and-circumstar	nces" test, check t	this box and stop	here. Explain in Pa	rt IV how the orga	anization			
	meets the "facts-and-circumstances	_			-		▶			
ŧ	b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the									
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organizate	on did not check a	box on line 13, 10	<u>5a, 16b, 17a, or 17</u>						
					Sch	edule A (Form 99	0 or 990-EZ) 2013			

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

		<del>,</del>	,		
(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	]				
,					
				]	
				]	
					-
<u> </u>	<u> </u>				
(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	_				
r the organization	's first, second, the	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organiz	zation,
					▶□
ic Support Pe	ercentage				
		column (f))		15	9/
				16	9/
		)			
				17	9
				18	9
		on line 14, and lir	ne 15 is more than	33 1/3%, and line	17 is not
					▶□
					and
-					. —
		•			
					00 or 990-EZ) 201
	(a) 2009  (a) 2009  (b) 2009  (c) 2009  (c) 2009  (d) 2009  (d) 2009  (d) 2009  (e) 2009  (e) 2009  (f) 20	(a) 2009 (b) 2010  The organization's first, second, the lic Support Percentage line 8, column (f) divided by line 13, 2 Schedule A, Part III, line 15 stment Income Percentage 013 (line 10c, column (f) divided by line 13 (line 17 corganization did not check the box and stop here. The organization quale organization did not check a box of eck this box and stop here. The organization did not check a box of eck this box and stop here. The organization did not check a box of eck this box and stop here. The organization did not check a box of eck this box and stop here. The organization did not check a box of eck this box and stop here. The organization did not check a box of eck this box and stop here. The organization did not check a box of eck this box and stop here. The organization did not check a box of eck this box and stop here. The organization did not check a box of eck this box and stop here.	(a) 2009 (b) 2010 (c) 2011  (a) 2009 (b) 2010 (c) 2011  It the organization's first, second, third, fourth, or fifth  Ic Support Percentage  Ine 8, column (f) divided by line 13, column (f))  2 Schedule A, Part III, line 15  strient Income Percentage  013 (line 10c, column (f) divided by line 13, column (f))  a organization did not check the box on line 14, and lire  and stop here. The organization qualifies as a publicly  a organization did not check a box on line 14 or line 15  a corganization did not check a box on line 14 or line 15  a corganization did not check a box on line 14 or line 15  a corganization did not check a box on line 14 or line 15  a corganization did not check a box on line 14 or line 15  a corganization did not check a box on line 14 or line 15  a corganization did not check a box on line 14 or line 15  a corganization did not check a box on line 14 or line 15  a corganization did not check a box on line 14 or line 15  a corganization did not check a box on line 14 or line 15  a corganization did not check a box on line 14 or line 15	(a) 2009 (b) 2010 (c) 2011 (d) 2012  r the organization's first, second, third, fourth, or fifth tax year as a sectific Support Percentage line 8, column (f) divided by line 13, column (f)) 2 Schedule A, Part III, line 15  stment Income Percentage 103 (line 10c, column (f) divided by line 13, column (f)) 2012 Schedule A, Part III, line 17 organization did not check the box on line 14, and line 15 is more than and stop here. The organization qualifies as a publicly supported organization did not check a box on line 14 or line 19a, and line 16 is neek this box and stop here. The organization qualifies as a publicly supon did not check a box on line 14 or line 19a, and line 16 is neek this box and stop here. The organization qualifies as a publicly supon did not check a box on line 14, 19a, or 19b, check this box and see l	(a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013  (r the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization (f) (for the first of

Schedule A	(Form 990 or 990-EZ) 2013 Housing Assistance Council	52-0939288	Page 4
Part IV	(Form 990 or 990-EZ) 2013 Housing Assistance Council  Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 1		
<u></u>	Also complete this part for any additional information. (See instructions).		
	7 100 COMPLETE WITH PART OF ALL PARTS AND AL		
			_
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			-
22024 00 25	Sch	hedule A (Form 990 or 990	-FZ) 20

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

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

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

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

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

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

*Section 501(c)(4), (5), or (6) organizations: Complete Part III.  Name of organization  HOUSING ASSISTANCE COUNCIL  Part I-A Complete if the organization is exempt under section 501(c) or is a section  1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.  2 Political expenditures  3 Volunteer hours  Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955  2 Enter the amount of any excise tax incurred by organization managers under section 4955  3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4a Was a correction made?  5 If 'Yes,' describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount directly expended by the filing organization for section 527 exempt function activities  3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations made payments For each organization listed, enter the amount paid from the filing organization, such as a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address (c) EIN (d) Amount paid filing organization filing organization funds. Ilso organization funds. Ilso organization funds. Ilso organization funds. Ilso organization funds. Ilso organization funds. Ilso organization funds. Ilso organization funds. Ilso organization funds. Ilso organization funds. Ilso note the filing organization funds. Ilso organization funds. Ilso organization funds. Ilso organization funds. Ilso organization funds. Ilso organization funds. Ilso organization fu	Employer identification number
Part I-A Complete if the organization is exempt under section 501(c) or is a section  1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.  2 Political expenditures  3 Volunteer hours  Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955  2 Enter the amount of any excise tax incurred by organization managers under section 4955  3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4a Was a correction made?  b If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  4 Did the filling organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations made payments For each organization listed, enter the amount paid from the filling organization's funds. Also contributions received that were promptly and directly delivered to a separate political organization, such as a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name (b) Address (c) EIN (d) Amount paid filling organization filling organization.	progor recontinuouton nullibel
Part I-A Complete if the organization is exempt under section 501(c) or is a section  1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.  2 Political expenditures  3 Volunteer hours  Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955  2 Enter the amcunt of any excise tax incurred by organization managers under section 4955  3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  4a Was a correction made?  b If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  4 Did the filling organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations made payments For each organization listed, enter the amount paid from the filling organization's funds. Also contributions received that were promptly and directly delivered to a separate political organization, such as a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name (b) Address (c) EIN (d) Amount paid filling organization.	52-0939288
1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 Political expenditures 3 Volunteer hours  Part I-B Complete if the organization is exempt under section 501(c)(3).  1 Enter the amount of any excise tax incurred by the organization under section 4955 2 Enter the amcunt of any excise tax incurred by organization managers under section 4955 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 4a Was a correction made? 4b If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations made payments For each organization listed, enter the amount paid from the filing organization's funds. Also contributions received that were promptly and directly delivered to a separate political organization, such as a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name (b) Address (c) EIN (d) Amount paid filing organization.	
<ul> <li>2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities</li> <li>3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b</li> <li>4 Did the filing organization file Form 1120-POL for this year?</li> <li>5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also contributions received that were promptly and directly delivered to a separate political organization, such as a political action committee (PAC). If additional space is needed, provide information in Part IV.</li> <li>(a) Name</li> <li>(b) Address</li> <li>(c) EIN</li> <li>(d) Amount paid filing organization</li> </ul>	·····
exempt function activities  Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also contributions received that were promptly and directly delivered to a separate political organization, such as a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid filing organization.	. • \$
Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also contributions received that were promptly and directly delivered to a separate political organization, such as a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid filing organization.	•
Inne 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also contributions received that were promptly and directly delivered to a separate political organization, such as a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid filing organization.	<b>▶</b> \$
Did the filing organization file Form 1120-POL for this year?  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also contributions received that were promptly and directly delivered to a separate political organization, such as a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid filing organization.	▶ ¢
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also contributions received that were promptly and directly delivered to a separate political organization, such as a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid filing organization.	Yes No
made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also contributions received that were promptly and directly delivered to a separate political organization, such as a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid filing organization.	
	d from (e) Amount of political contributions received and
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  LHA  332041 11-08-13	edule C (Form 990 or 990-EZ) 201

Schedule C (Form 990 or 990-EZ) 2013 HC	ousing Ass	istance Cou	ncil	52-0	0939288 Page 2
Part II-A Complete if the organ	nization is exe	mpt under section	n 501(c)(3) and file		
(election under section		•			
		iliated group (and list in	Part IV each affiliated	aroup member's nar	ne, address, EIN,
expenses, and share of	•			<b>3</b>	, , ,
		nd "limited control" pro	visions apply.		
				(a) Filing	(b) Affiliated group
	on Lobbying Expe ures" means amo	nditures unts paid or incurred.)	1	organization's totals	totals
	<del></del>			totals	<del></del>
1 a Total lobbying expenditures to influer	nce public opinion	(grass roots lobbying)			
b Total lobbying expenditures to influer	nce a legislative bo	dy (direct lobbying)			<del></del>
c Total lobbying expenditures (add line	s 1a and 1b)		-	<del></del>	ļ <u> </u>
d Other exempt purpose expenditures					
<ul> <li>Total exempt purpose expenditures (</li> </ul>	add lines 1c and 1	d)			
f Lobbying nontaxable amount. Enter t	he amount from th	e following table in bot	h columns.		
If the amount on line 1e, column (a) or (	b) is: The lot	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.	,		
Over \$500,000 but not over \$1,000,0	00 \$100,0	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500	,000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17,00		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (ente	r 25% of line 1f)				
h Subtract line 1g from line 1a. If zero o	or less, enter -0-				
i Subtract line 1f from line 1c. If zero o					
j If there is an amount other than zero	on either line 1h oi	line 1i, did the organiz	ation file Form 4720	<del></del>	
reporting section 4911 tax for this ye	ar?				Yes No
		eraging Period Under	Section 501(h)		
(Some organizat	ions that made a	section 501(h) election	n do not have to comp	lete all of the five	
colu	mns below. See tl	ne instructions for line	es 2a through 2f on pa	ge 4.)	
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		. 1
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d</b> ) 2013	(e) Total
2a Lobbying nontaxable amount				•••••	
b Lobbying celling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures		<u> </u>	<u> </u>		

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 Housing Assistance Council 52-0939288 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

of the lobbying activity.	For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description  (a)							
	Yes	No	Amount					
During the year, did the filing organization attempt to influence foreign, national, state or								
local legislation, including any attempt to influence public opinion on a legislative matter								
or referendum, through the use of:								
a Volunteers?		X						
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X							
c Media advertisements?		Х						
d Mailings to members, legislators, or the public?		Х	<u>.                                  </u>					
e Publications, or published or broadcast statements?		X	<del>_</del>					
f Grants to other organizations for lobbying purposes?		X	<u>_</u>					
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X	ļ	1,389.					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х						
i Other activities?		Х						
j Total. Add lines 1c through 1i			1,389.					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X						
b If "Yes," enter the amount of any tax incurred under section 4912								
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		<u> </u>						
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?								
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c	)(5), or se	ction					
501(c)(6).								
			Yes No					
1 Were substantially all (90% or more) dues received nondeductible by members?		1						
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2						
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		3						
Part III-B Complete if the organization is exempt under section 501(c)(4), sec								
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	d "No," O	R (b) Part	III-A, line 3, is					
answered "Yes."	<u> </u>	<del></del>						
Dues, assessments and similar amounts from members	•	1						
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pol	itical							
expenses for which the section 527(f) tax was paid).								
expenses for which the section 527(f) tax was paid).  a Current year		2a						
expenses for which the section 527(f) tax was paid).		2b						
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total		2b 2c						
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		2b						
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	excess	2b 2c						
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an	excess	2b 2c 3						
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an expenditure next year?	excess	2b 2c 3						
<ul> <li>expenses for which the section 527(f) tax was paid).</li> <li>a Current year</li> <li>b Carryover from last year</li> <li>c Total</li> <li>3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</li> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an expenditure next year?</li> <li>5 Taxable amount of lobbying and political expenditures (see instructions)</li> </ul>	excess	2b 2c 3						
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information	excess d political	2b 2c 3						
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground)	excess d political	2b 2c 3	nd Part II-B, line 1.					
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated growths), complete this part for any additional information.	excess d political	2b 2c 3	nd Part II-B, line 1.					
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground)	excess d political	2b 2c 3	nd Part II-B, line 1.					
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated growths), complete this part for any additional information.	excess d political	2b 2c 3 4 5						
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated growths)  Also, complete this part for any additional information.  Part II-B, Line 1, Lobbying Activities:	excess d political cup list); Part	2b 2c 3 4 5	f					
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated growth) and political expenditures.  Explanation: Staff held various meetings with Congressional Congressions advocating for funding for the Housing Assistance (advocating for funding for the Housing Assistance)	excess d political up list); Part essiona	2b 2c 3 4 5 5 1 Staf and for	f					
expenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated growth and the part for any additional information.  Part II—B, Line 1, Lobbying Activities:  Explanation: Staff held various meetings with Congress advocating for funding for the Housing Assistance (federal rural housing programs. HAC staff responded)	excess d political cup list); Part essiona Council	2b 2c 3 4 5  II-A, line 2; and 1 staff and for and for and for and formal staff.	f or es from					
expenses for which the section 527(f) tax was paid).  a Current year b Carryover from last year c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an expenditure next year?  5 Taxable amount of lobbying and political expenditures (see instructions)  Part IV Supplemental Information  Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated growth) and the part of any additional information.  Part II-B, Line 1, Lobbying Activities:  Explanation: Staff held various meetings with Congresional advocating for funding for the Housing Assistance of federal rural housing programs. HAC staff responded Congressional members and staff to provide (a) information in the provide (a) information in the provide (a) information in the provide (a) information in the provide (a) information in the provide (a) information in the provide (a) information in the provide (a) information in the provide (a) information in the provide (a) information in the provide (a) information in the provide (a) information in the provide (a) information in the provide (a) information in the provide (a) information in the provide (a) information in the provide (b) in the provide (b) information in the provide (b) information in the provide (b) information in the provide (b) information in the provide (b) information in the provide (b) information in the provide (b) information in the provide (b) i	excess d political cup list); Part essiona council ed to i	2b 2c 3 4 5  II-A, line 2; and 1 staff and for and for and for and formal staff.	f or es from ural					

Schedule C (Form 990 or 990-EZ) 2013 Housing Assistance Council  Part IV Supplemental Information (continued)	52-0939288 Page 4
Part IV   Supplemental Information (continued)	<del></del>
housing needs and programs.	
	<del></del>
	<del>-</del>
	<del></del>
222044	Schedule C (Form 990 or 990-EZ) 2013
332044 11-08-13	

#### SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Housing Assistance Council

**Employer identification number** 52-0939288

Schedule D (Form 990) 2013

Par	Organizations Maintaining Donor Adv	rised Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV	/, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors	s in writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization		Yes No
6	Did the organization inform all grantees, donors, and don		used only
	for charitable purposes and not for the benefit of the don		
	impermissible private benefit?	,	Yes No
Par		e organization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organ		
•	Preservation of land for public use (e.g., recreation		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a complete lines 2a through 2d if the organization held 2d if the organization held 2d i	qualified conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
c	Number of conservation easements on a certified historic	c structure included in (a)	2c
-		* *	- · · ·
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred	d released extinguished or terminated by th	
•	year ►	a, followed, extended by the	o organization coming the tax
4	Number of states where property subject to conservation	on easement is located	
5	Does the organization have a written policy regarding the		
·	violations, and enforcement of the conservation easeme		Yes No
6	Staff and volunteer hours devoted to monitoring, inspect		
7	Amount of expenses incurred in monitoring, inspecting,		
8	Does each conservation easement reported on line 2(d)		
•	and section 170(h)(4)(B)(ii)?	asovo salisiy ilis requiremente er essilett rive	Yes No
9	In Part XIII, describe how the organization reports conse	· ervation easements in its revenue and expens	<del></del>
•	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pa	rt III Organizations Maintaining Collection	ns of Art, Historical Treasures, or C	Other Similar Assets.
L	Complete if the organization answered "Yes" to F		
1a	If the organization elected, as permitted under SFAS 116	6 (ASC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public		
	the text of the footnote to its financial statements that de		•
b			at and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition		
	relating to these items:	,	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$
2	If the organization received or held works of art, historical	al treasures, or other similar assets for financi	al gain, provide
_	the following amounts required to be reported under SF.		
а	D		<b>▶</b> \$
b	A		<b>▶</b> \$
	Additional and the state of the		·· · · · · · · · · · · · · · · · · · ·

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

332051 09-25-13

Sched	dule D (Form 990) 2013 Housing	Assistance	e Co	uncil	_		52	2-093	39288	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tr	easures, o	r Other	Similar	Asset	S(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, checl	any of the	following that	are a sigr	nificant use	e of its c	ollection i	tems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	ms				
b	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizatio	n's exem	ot purpose	ın Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, hi	storical trea	sures, or othe	er sımılar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orga	nization's co	ollection?		•		Yes	No_
Par	Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	n answered "	Yes" to Fo	orm 990, P	art IV, lu	ne 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for	contribution	s or other as	sets not in	cluded			
	on Form 990, Part X?								Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	table:						
									Amount	
c	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	217						Yes	☐ No
<u> </u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	on has been	provided in F	Part XIII				
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 10	,			
		(a) Current year	<b>(b)</b> P	nor year	(c) Two year	s back (c	) Three yea	rs back	(e) Four y	ears back
1a	Beginning of year balance .									
ь	Contributions						·			
c	Net investment earnings, gains, and losses									
d	Grants or scholarships				Ţ			ĺ		
e	Other expenditures for facilities									
	and programs							l		
f	Administrative expenses									
9	End of year balance							Î		
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a	a)) held as:		_			
а	Board designated or quasi-endowment	•	%							
ь	Permanent endowment ▶	%								
С	Temporarily restricted endowment ▶	<del></del> %								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posse		ation tha	at are held a	and administe	red for the	organizat	tion		
	by:								\[\frac{1}{3}\]	res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	n Sche	dule R?					3ь	
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.						
Pa	t VI Land, Buildings, and Equipn	nent.								
	Complete if the organization answere	d "Yes" to Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, Iır	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) Acc	umulated		(d) Book	value
		basis (investr			(other)		eciation			
1a	Land						<del></del>			
	Buildings		-							
c	Leasehold improvements			<u> </u>		···				
d	Equipment .			12	8,051.	1	24,14	6.	3	,905.
	Other					<del>_</del>				* * * * * *
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. colu	nn (B). line	10(c))	·		<b></b>	3	,905.
	in to in the interest to the interest to		.,,,,	<u> ,—//0</u>	1-7, 1.		9.	chedule		990) 2013
							J.		~ <sub>(</sub> , •,	,

Part VII Investments - Other Securities.	ib canoe co			USUSEUU Fage U
Complete if the organization answered "Yes" t	o Form 900 Part IV	line 11h See Form 000 F	Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value			-of-year market value
	(b) Book value	(o) motilog of ve	aldation: Cost of Cha	or year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	12 140 01	) F Find of W	oon Monkot	7707110
(A) Certificate of Deposits	13,149,03		ear Market	
(B) Mutual Funds	108,91		ear Market	
(C) U.S. and Agency Bonds	12,290,12		ear Market	
(D) Corporate Bonds	345,03	End-oi-Y	ear Market	value
(E)				
(F)				
(G)			<del> </del>	
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	25,893,1	12.		· · · · · · · · · · · · · · · · · · ·
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" t				
(a) Description of investment	(b) Book value	(c) Method of v	aluation: Cost or enc	l-of-year market value
(1)			·	
(2)				
(3)			·	
(4)				
(5)				
(6)				
(7)				·
(8)				
(9)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )				
Part IX Other Assets.		***************************************		
Complete if the organization answered "Yes"	to Form 990, Part IV.	line 11d. See Form 990, I	Part X. line 15.	
	Description			(b) Book value
(1)				
(2)				
(3)		•		
(4)		· · · · ·		<del>, </del>
(5)		<del>- : : : : : : : : : : : : : : : : : : :</del>		
(6)				
(7)	<del>-</del>			
(8)	<del></del>		<del></del>	
(9)			<del>· - · · · · · · · · · · · · · · · · · ·</del>	
	15)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	9 15.)	<del></del>		<u> </u>
Complete if the organization answered "Yes"	to Form 000 Bort IV	line 11e er 11f Coe Form	OOO Dort V line 25	
	to Form 990, Fait IV	(b) Book value	1 990, Fait A, line 23	
<del></del>		(b) Book value		
(1) Federal income taxes (2) Payable to Partnerships		443.		
	-	443.		
(3)		· <del></del>		
		<del> </del>		
(5)				
(6)				
(7)				
(8)				
(9)		<del></del>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	443.	<u></u>	<u> </u>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

2013.05090 Housing Assistance Council HAC 1

Housing Assistance Council

52-0939288 Page 4

Schedule D (Form 990) 2013

## SCHEDULE J (Form 990)

**Compensation Information** 

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

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

► Attach to Form 990. ► See separate instructions. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

Housing Assistance Council

Employer identification number 52-0939288

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII. Section A. line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract Independent compensation consultant Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? X 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? Х 5b **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? ва X 6b **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments 7 X not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? Schedule J (Form 990) 2013 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

332111

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2013

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		ום וושמעמשוו מ			other deferred	benefits	(B)(U-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			
(1) Kavin Elucmann	n.	132,204.	0	0	6,549.	24,445.	163,198.	0
Ennd Director/Asst S	3	0	0	0		0	0	
1	9	175,826.	0	0.	8,73	12,072.	196,630.	0
	<b>E</b>	0	0	0		:		
(3) Moises Loza	€	245,318.	0	0	12,208.	19,821.	277,34	
	: E	d .	0	0	• 0	0.	0	
	€							
	(II)							
	(0)							
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	(6)							
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	<b>E</b>							
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	<b>E</b>							
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	(1)							
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	(1)							
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#### SCHEDULE L

(Form 990 or 990-EZ)

#### Transactions With Interested Persons

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open To Public Inspection

Part I   Excess Benefit Transactions (section 501(c)) and section	Name	of the organization								-	identi		on nu	mber		
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.  1 (a) Name of disqualified person  1 (a) Name of disqualified person  2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958  2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  4 Enter the amount of tax incurred "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 28; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of line organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 28; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of line organization of Form 990, Part X, line 5, 6, or 22.  (b) Palance due (c) Im (d) Palance due (d) Palanc									52	<u>-09</u>	392	88				
(e) Name of disqualified person  (b) Relationship between disqualified person of transaction  (c) Description of transaction  (e) Description of transaction  (e) Description of transaction  (e) Description of transaction  (e) Description of transaction  (f) Relationship description  (g) Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990-Part IV, line 28; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person  (b) Relationship (c) Purpose of loan organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990-Part IV, line 28; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person  (b) Relationship (c) Purpose of loan organization or form 990 and the organization of loan organization of loan organization or form 990 and the organization of loan organization or loan organization or loan organization organiz	Par	ti Excess Bene	fit Transacti	ons (section 5	01(c)(3	3) and s	section 501(c)(4) orga	anızatıons only).								
Selective and organization   Person and or		Complete if the o	rganization ansv	vered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25b	, or Form 990-EZ, P	art V, I	<u>ine 40</u>	<u>)b.</u>					
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38 or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of (b) Relationship (c) Purpose (f) Just sor of loan summer of loan with organization interested person with organization answered "Yes" on Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of loan summer of loan loan summer of loan summer of loan loan summer of loan loan summer of loan loan summer of loan loan summer of loan loan loan loan loan loan loan loan		a) Name of discussified a	(b) F				ified (	Necessation of tran	eactio	_		(d) Corrected?				
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II   Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of (b) Relationship (c) Purpose of Interested person (b) Relationship (c) Purpose of Interested person (c) Part III   Grants or June 1   Grants or June 2   Grants or June		- Name of disqualified p	erson	person and o	rganiza	ation	(0		- Sactio	'' 		Ye	es	No		
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Part II   Loans to and/or From Interested Persons.  Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of (b) Relationship (c) Purpose of Interested person (b) Relationship (c) Purpose of Interested person (c) Part III   Grants or June 1   Grants or June 2   Grants or June																
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Part II   Loans to and/or From Interested Persons.   Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person   (b) Relationship between interested person   To fund   To f	2	Enter the amount of tax i	ncurred by the o	rganization mar	nagers	or disc	qualified persons dur	ing the year under								
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.    (a) Name of   (b) Relationship   (c) Purpose of Interested person   (d) Lord organization   (e) Original principal amount   (e) Original principal amount   (f) Balance due   (g) lin   (f) Approved   (g) Viboral or committee?   (e) Original principal amount   (f) Balance due   (g) lin   (f) Approved   (g) Viboral or committee?   (g) Vibora	5	section 4958						•		<b>&gt;</b> \$						
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of (b) Relationship (c) Purpose of loan organization with organization (b) Relationship of loan organization organization (e) Original organization (e) Origi	3 [	Enter the amount of tax,	ıf any, on line 2,	above, reimburs	sed by	the or	ganization		-	<b>&gt;</b> \$						
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of (b) Relationship (c) Purpose of loan organization with organization (b) Relationship of loan organization organization (e) Original organization (e) Origi	<del></del>						<del> </del>				,					
reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of interested person with organization with organization of loan interested person with organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person (b) Relationship with organization of loan or long-interested person (c) Amount of assistance interested person (d) Purpose of assistance interested person (d) Relationship and the organization (e) Purpose of assistance interested person (e) Purpose of assista	Par	t II Loans to and	l/or From Int	erested Per	sons											
(a) Name of interested person with organization (b) Relationship with organization (c) Purpose of loan		·	-				, Part V, line 38a or F	form 990, Part IV, lin	e 26;	or if th	ie orga	ınızatı	วก			
Interested person   Interested   Interested person   Interested				<del>,</del>							/h) Ani	Drovod				
SEE Statement 6 To fund X 13,150. 13,160. X X X X X X X X X X X X X X X X X X X		• •			fror	n the		(f) Balance due		by board		by boar		ard or	117 **	ritten ment?
SEE Statement 6 To fund X 13,150. 13,160. X X X X X  Total Statement 6 To fund X 13,150. 13,160. X X X X X X X X X X X X X X X X X X X		interested person	with organization	orioan	organi	7	principal amount		<u> </u>		1	ıttee?	1100			
Total Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.  (a) Name of interested person Interested person and the organization (b) Relationship between interested person and the organization (c) Armount of assistance (d) Type of assistance (e) Purpose of assistance	===					From	12 150	12 160	Yes		_	No_		No		
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person	SEE	Statement 6		To fund	X	ļ	13,150.	13,160.		<u> X</u>	X		X			
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person			<del> </del>		<u> </u>	<u> </u>					ļI	<b> </b>		<b>-</b>		
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person		······································		· <del>-</del>	ļ									<u> </u>		
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person		·-·			-						_	<b> </b>				
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person					ļ							<b></b>	ļ <u> </u>			
Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person					ļ	<del>                                     </del>					<b></b>	<del> </del>		<b>├</b>		
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Part III Grants or Assistance Benefiting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person		<del> </del>								ļ	<del>                                     </del>	<del> </del>		<b>├</b> ─		
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Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (a) Name of interested person  (b) Relationship between interested person and the organization  (c) Amount of assistance  (d) Type of assistance  (e) Purpose of assistance				Cal 1 - 4 -		-I D-		13,160.			<u> </u>		[			
(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance	Par			_												
Interested person and the organization assistance assistance assistance				wered "Yes" on	Form '	990, Pa										
the organization		(a) Name of interested p	person				• •							f		
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See Part V for Continuations

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52-0939288 Page 2

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

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ➤ Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Housing Assistance Council

**Employer identification number** 52-0939288

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

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

Schedule O (Form 990 or 990-EZ) (2013)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Open to Public Inspection

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ▶ See separate instructions. ▶ Attach to Form 990.

**Employer identification number** 52-0939288 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Housing Assistance Council Name of the organization Department of the Treasury Internal Revenue Service Part

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations Complete organizations during the tax year.	ions Complete if the organization ansv	if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 because	thad one or more re	alated tax-exempt

סואמווולמוסום מתוווא מום נמע לכמו:							
(a)	(q)	9	ত্তি	<u>@</u>	ε	(b)	20.04.0
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	outros contro	(c) Ya)?
of related organization		foreign country)	section	status (if section	entity	entity	U
				501(c)(3))		Yes	ş
Rural Housing Services, Inc 52-1306869	To promote the social						
1025 Vermont Street NW	welfare of low-income						:
Washington DC 20005	persons in rural areas and		501(c)4				×
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

See Part VII for Continuations

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Schedule R (Form 990) 2013

52-0939288

Page 2

Schedule R (Form 990) 2013 Housing Assistance Council

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

	5 6									
(e)	Q	<u> </u>	9	<b>e</b>	£	(6)	Ξ	8	9	¥
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Direct controlling Predominant income (related, unrelated, unrelated, unrelated, unrelated, under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box	General or managing partner?	General or Percentage managing ownership.
		foreign country)		sections 512-514)		dasers	Yes No	K-1 (Form 1065	Yes No	
								•		
	•									
									-	
	1-									
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Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a)	(q)	(0)	(P)	(e)	ω	(6)	Ξ	6
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling Type of entity (C corp, S corp, or trust)	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b)(13) controlled entity?
	•							
	•							
	•							
								_
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Page 3

Part V Transactions With Related Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note Complete line 1 if any entity is listed in Darte II III or IV of this schooling				<u> </u>	Yes	0
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	lated organizations listed i	in Parts II-IV?		harri.	
a Receipt of (i) interest (ii) annutties (iii) rovatties or (iv) rent from a controlled entity				1a	×	
				<b>1</b>	X	
					×	<u> </u>
<ul> <li>Giff, grant, or capital contribution from related organization(s)</li> </ul>				2	-	۱,
d Loans or loan guarantees to or for related organization(s)			: : :	<b>P</b>	<u>۲</u>	ار
e Loans or loan quarantees by related organization(s)				1e	X	
					ļ	1
f Dhudande from related organization(e)				-	×	
				2	×	_
g Sale of assets to related organization(s)				23 ;	<b>;</b>  >	٠,
h Purchase of assets from related organization(s)				£	<b>(</b> ):	.ار
i Exchange of assets with related organization(s)				<b>;=</b>	×	ال
j Lease of facilities, equipment, or other assets to related organization(s)				<u>;</u>	×	ار
				·····	<del></del>	~
K Lease of facilities, equipment, of other assets from related organization(s)				4	7	۸,
I Performance of services or membership or fundraising solicitations for related org:	related organization(s)	:		=	<b>*</b>  :	، ام
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ę	×	اب
n Sharing of facılıtles, equipment, mailing lists, or other assets with related organization(s)	tion(s)			Ę	×	[
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9	×	J
Reimbursement paid to related organization(s) for expenses				1	×	
		•			×	۰۱۰
q Heimbursement paid by related organization(s) for expenses				5	٠	4
				,	···	
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>		:		-	<b>(</b>  ;	.ار
s Other transfer of cash or property from related organization(s)				18	×	ار
2 If the answer to any of the above is 'Yes,' see the instructions for information on a	who must complete the	ns line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds.			١
(e)	9	(2)	(D)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	volved		
(1) Rural Housing Services, Inc.	N	0				
(2)						- 1
(V)						
						ļ
(9)	l					1
332163 09-12-13	35		Schedule R (Form 990) 2013	R (Form 9	90) 20.	<u>۾</u>

Page 4

part 사 Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income parties sc. (related, unrelated, ongs collocid) excluded from tax under section 512-514) Yess No	(e) Are all Are all 501(c)(3) 0005 Aes all 501(c)(3) 0005 Aes No	(f) Share of total income	(g) Share of end-of-year assets	(h)  Disproportional  Ballocations  Yes No	(h) (i) (ii) (iii) (k)  Dispropor-  Dispro	General o managing partner?	(k) Percentage ownership
					-					
		,						•		
										6,000
								Schedule	7 (For	Schedule R (Form 990) 2013

Schedule R (Form 790) 2013 Housing Assistance Council	52-0939288	Page 5
Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions).		
Dart II Idontification of Polated May Evennt Organization	05.	
Part II, Identification of Related Tax-Exempt Organization	.12 •	
· · · · · · · · · · · · · · · · · · ·	<del></del>	
Name of Related Organization:		
Rural Housing Services, Inc.		
Drimann Activitus me aremate the gogial velfare of los in		
Primary Activity: To promote the social welfare of low-inc	come_bersons	<u> III</u>
rural areas and cmnts		
Turar around and online		
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Form 990 HOUSING Part VII Section A. Officers, Directors, T	ASSISTAL	mole			nd b	diah	est.	Companyated Emplo	52-093	<u> </u>
(A) Name and title	(B) Average			(C Pos	C) Ition			(D)  Reportable compensation	(E)  Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) Peggy Wright	0.60									_
Board of Director		<u> </u>	ļ	<u> </u>			<u> </u>	0.	0.	C
28) Ilene Jacobs	0.60	-					ļ			
Board of Director		╁	_	-	_	_	-	0.	0.	(
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HOUSING ASSISTANCE COUNCIL FIXED ASSETS SCHEDULE EIN -52-0939288 September 30, 2014

#### Statement 4

					Accum Depn		Current	Α	ccum Depn	Вс	ok Value
<u>Date</u>	<u>Description</u>	<u> </u>	<u>Cost</u>	<u>Lıfe</u>	9/30/2013		<u>year</u>		9/30/2014	9	/30/2014
		<u> </u>				Ĺ	_				
	Furniture and Fixtures	\$	9,934 00	L	\$ 9,934 00	\$	-	\$	9,934 00	\$	-
4/11/1984	Xerox Memorywriter 640		3,784 20	6	3,784 20		-		3,784 20		-
12/3/1987	Xerox Model 6010 Memorywriter		766 62	6	766 62				766 62		-
	Sofa, Chair, Table, (furniture)		629 64	10	629 64		-		629 64		
11/11/1992	Reception Station		1,600 00	7	1,600 00	Г	-		1,600 00		-
3/22/1994	Veryfine Soda Machine		3,310 00	5	3,310 00		-		3,310 00		-
5/13/1994	Conference Desk		889 00	7	889 00		-		889 00		
3/25/1996	HP LaserJet 4 Plus (FAD)		1,894 95	5	1,894 95		-		1,894 95		-
12/11/1997	Conference table (EO)		851 00	5	851 00		-	1	851 00		-
6/29/1998	Desk/hutch/return (EO)		1,998 00	5	1,998 00		-		1,998 00		-
6/29/1998	Desk (EO)		529 00	5	529 00		-		529 00	_	-
7/20/1998	HP LaserJet 5 (CDD)		1,759 01	3	1,759 01		-		1,759 01		-
2/17/1999	Four drawer file cabinet (CDD)		1,288 00	5	1,288 00		-		1,288 00		-
5/7/1999	Canon IR330 Copier/fax (Midwest)		14,833 30	5	14,833 30		-		14,833 30		-
1/28/2002	Infocus Projector (Southern Business)		3,850 94	3	3,850 94		-		3,850 94		-
7/1/2003	HP Laserjet 9000 mpf		15,000 00	5	15,000 00		-		15,000 00		-
	Mita Copier		6,570 00	5	6,570 00		-		6,570 00		-
2/19/2010	Micro Edge Gift Software		58,563 00	5	42,945 80		11,712 60		54,658 40	Ш	3,904 60
	Total	\$ 1	28,050.66		\$ 112,433.46	\$	11,712.60	\$	124,146.06	\$	3,904.60

#### **Housing Assistance Council**

EIN: 52-0939288

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

**September 30, 2014** 

<u>Lender</u>	<u>2013</u>	<u>2012</u>
Bank of America		
Loan bearing interest at 3.25% per annum payable quarterly during the		
term of the loan. Principal payable in annual installment of \$1,250,000		
beginning on December 20, 2014, with all outstanding principal payable in		
full on December 20, 2017.	\$5,000,000	\$5,000,000
Brattleboro Area Affordable Housing Corporation		
Loan bearing interest at 2% per annum. Principal plus interest due on		
December 21, 2014 or upon a thirty-day notice of demand for payment.	\$15,000	\$15,000
Byron and Lee Stookey		
Two notes: \$ 84,158 bearing interest at 3% per annum and \$50,000		
bearing interest at 2.5% per annum. Principal and interest due on		
September 16, 2015, or upon thirty-day notice of demand for repayment.	134,158	134,158
Capital One, National Association		
Original authorization of \$ 1 million at 1% per annum from the dtae the		
funds are advanced until repayment of each advance. Quarterly interest		
payments are required beginning October 1, 2013. All outstanding interest		
and principal due on july 2023.	450,000	200,000
The Episcopal Church		
Loan bearing interest at 3.5% per annum, payable quarterly. Principal due		
March 31, 2016.	200,000	200,000
The F.B. Heron Foundation		
Loan bearing interest at 3% per annum, payable in arrears on March 31		
and September 30 each year to maturity date. Principal is payable in a first		
installment of \$125,000 on September 30, 2013; a second installment of		
\$125,000 on September 30, 2014; and a final installment of \$500,000 on		
September 30, 2016.	500,000	750,000
Ford Foundation		
Loan bearing interest at 1% per annum, Principal payable in three		
installments as follows: September 14, 2015 (\$833,333); September 14,	42.500.000	40 500 000
2016 (\$833,333); September 14, 2017 (\$833,334).	\$2,500,000	\$2,500,000
Gideon Anders  Loan bearing interest at 0.35% per annum. Bringing and interest due		
Loan bearing interest at 0.25% per annum. Principal and interest due		
November 14, 2013 or upon a thirty-day written notice of demand for	1.016	1.011
repayment.	1,016	1,011
Harold O. and Marilyn Wilson		
Loan bearing interest at 3% per annum, principal and interest payable on the two-year anniversary date of the loan (June 5, 2015), or upon a thirty		
day notice of demand for repayment by the lenders.	24 600	<i>44</i> E02
day notice of demand for repayment by the lenders.	34,582	44,582

Statement 5

•		
Home Missioners of America		
Loan bearing interest at 3% per annum, payable annually. Principal due on		
February 19, 2014.	25,000	25,000
John D. and Catherine T. MacArthur Foundation		
Loan bearing interest at 2% per annum and payable annually. Principal is		
payable in two installments of \$330,000 each on April 1, 2015 and on April		
1, 2016 and the final installment of \$340,000 at maturity on April 1, 2017.	1,000,000	1,000,000
Joseph N. Belden and Tamara W. Belden		
Loan bearing interest at 2% per annum. Principal plus interest due July 7,		
2015 or upon a thirty-day written notice of demand for repayment.	1,195	1,195
<u>Leslie Strauss</u>		
Non-interest bearing loan, principal due on August 16, 2016 or upon a		
thirty-day written notice of demand for repayment.	1,000	1,000
<u>Maria Luisa Mercado</u>		
Loan bearing interest at 2% per annum, payable annually. Principal due on		
August 12, 2013 or upon a thirty-day written notice of demand for		
repayment.	1,171	1,172
Moises and Maria Teresa Loza		
Loan bearing interest at 2% per annum, payable annually. Principal due		
August 14, 2015 or upon a thirty-day written notice of demand for		
repayment.	6,337	6,337
Sister of Charity, BVM		
Loan bearing interest at 3% per annum, interest payments due and		
payable in five (5) annual installments on each anniversary date of the		
initial loan; and principal payments are due as follows: \$17,000 on May 28,		
2013; \$17,000 on May 28, 2014; and \$16,000 on May 28, 2015.	16,000	33,000
Sisters of Presentation of the Blessed Virgin Mary	•	•
Loan bearing interest at 3% per annum, payable annually. Three (3)		
principal payments of \$25,000 each, due on November 4, 2012, 2013 and		
2014.	25,000	50,000
Sisters of Saint Francis of Philadelphia		
T		
Two loans (\$50,000 and \$10,000), both bearing interest at 2% per annum	CO 000	CO 000
and payable annually. Principal due for both loans on June 1, 2014.	60,000	60,000
Sisters of the Holy Cross, Inc.		
Loan bearing interest at 2% per annum and payable annually. Principal	200.000	200.000
balance due on June 30, 2014.	200,000	200,000
U.S. Department of Agriculture, Rural Development – Intermediary		

647,804

728,261

Relending Program (IRP I)

Original authorization of \$2,000,000 at 1%, payable in 30 annual installments of \$87,740 including interest and principal, beginning December 8, 1995. The loan matures on December 8, 2022.

<u>U.S. Department of Agriculture, Rural Development – Intermediary</u> <u>Relending Program (IRP II)</u>

Original authorization of \$500,000 at 1% per annum, interest payment due for 2005, 2006, and 2007 on November 10, thereafter interest and principal, beginning November 10, 2008. The loan matures on November 10, 2035.

262,217 280,635

<u>U.S. Department of Agriculture, Rural Housing Services – Preservation</u> Revolving Loan <u>Fund (PRLF 2005)</u>

Original authorization of \$2,000,000 at 1% per annum from the date the funds are advanced. Interest only payment due on January 1, 2007, 2008, and 2009; thereafter, annual payments of interest and principal starting January 1, 2010 to fully amortize the loan 30 years from June 28, 2006 – the date of the promissory note.

1,667,040 1,735,761

<u>U.S. Department of Agriculture, Rural Housing Services – Preservation</u> Revolving Loan Fund (PRLF 2006)

Original authorization of \$2,000,000 at 1% per annum from the date the funds are advanced. Interest only payment due on January 1, 2008, 2009, and 2010; thereafter, annual payments of interest and principal starting January 1, 2011 to fully amortize the loan 30 years from August 10, 2007 – the date of the promissory note.

1,722,236 1,790,142

<u>U.S. Department of Agriculture, Rural Housing Services – Preservation</u> Revolving Loan Fund (PRLF 2008)

Original authorization of \$1,000,000 at 1% per annum from the date the funds are advanced. Interest only payment due on January 1, 2011, 2012, and 2013; thereafter, annual payments of interest and principal starting March 19, 2010 - the date of the promissory note.

969,576 1,000,000

<u>U.S. Department of Agriculture, Rural Housing Services – Preservation</u> Revolving Loan Fund (PRLF 2011)

Original authorization of \$1,000,000 at 1% per annum. Interest only payment due on January 1, 2013, 2014, and 2015; thereafter, annual payments of interest and principal starting January 1, 2016 to fully amortize the loan 30 years from December 19, 2012 - the date of the promissory note.

420,713 146,868

<u>U.S. Department of the Treasury, Community Development Financial</u> <u>Institutions Fund</u>

Loan bearing interest at 2% per annum. Principal and interest payable on October 13, 2014.

500,000 500,000

William and Gloria Powers

Loan bearing interest at 2% per annum, payable annually. Principal due on August 12, 2015 or upon a thirty-day written notice of demand for repayment.

2,440 2,435

**Total Notes Payable** 

\$16,362,485

\$16,406,557

**Housing Assistance Council** Statement 6 EIN: 52-0939288 Form 990 - Schedule L- Loans from Interested Persons September 30, 2014 2013 2012 <u>Lender</u> **Gideon Anders** Loan bearing interest at 0.25% per annum, payable annually. Principal due November 14, 2013 or upon a thirty-day written notice of demand for 1,011 repayment. 1,016 Joseph N. Belden and Tamara W. Belden Loan bearing interest at 2% per annum. Principal plus interest due July 7, 2015 or upon a thirty-day written notice of demand for repayment. 1,195 1,195 **Leslie Strauss** Non-interest bearing loan, principal due on August 16, 2013 or upon a thirty-day written notice of demand for repayment. 1,000 1,000 Maria Luisa Mercado Loan bearing interest at 2% per annum, payable annually. Principal due on August 12, 2013 or upon a thirty-day written notice of demand for 1,171 1,172 repayment. Moises and Maria Teresa Loza Loan bearing interest at 2% per annum, payable annually. Principal due August 14, 2013 or upon a thirty-day written notice of demand for 6,337 6,337 repayment. William and Gloria Powers Loan bearing interest at 2% per annum, payable annually. Principal due on August 12, 2013 or upon a thirty-day written notice of demand for repayment. 2,440 2,435 \$ 13,159 \$ 13,150

#### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545-1709

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<ul><li>If you a</li></ul>	re filing for an Automatic 3-Month Extension, complete	te only Pa	rt I and check this box			ightharpoonup	
• If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of t	hıs form).			
Do not c	omplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	ly filed For	m 8868.		
Electroni	c filing (e-file) You can electronically file Form 8868 if y	ou need a	3-month automatic extension of time	ne to file (6	months fo	r a corporation	
required t	o file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically fi	le Form 88	68 to requ	est an extension	
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 1	ransfers A	ssociated	With Certain	
	Benefit Contracts, which must be sent to the IRS in pap						
	irs.gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eded).		_	
	ition required to file Form 990-T and requesting an autor						
Part I only						▶ □	
All other o	corporations (including 1120-C filers), partnerships, REM one tax returns.	ICs, and t	rusts must use Form 7004 to reques			e ying number	
						on number (EIN) or	
print	Traine of exempt eliganization of exhall more seements.						
print	Housing Assistance Council 52-0939					39288	
File by the	No. of the standard and standard standa			Social se	ocial security number (SSN)		
due date for filing your return See	1025 Vermont Avenue, No. 606						
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Washington, DC 20005						
						0 1	
Enter the Return code for the return that this application is for (file a separate application for each return)						0 1	
Application		Return	Application			Return	
Is For		Code	Is For				
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A				
Form 4720 (Individual)		03	Form 4720 (other than individual)	(other than individual)			
Form 990-PF		04	Form 5227	m 5227			
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
	The Corporation	n					
	ooks are in the care of <b>&gt;</b> 1025 Vermont A	venue	, NW, Washington,	DC,	# 600	<u> </u>	
Teleph	none No. ► 202-842-8600		Fax No.				
	organization does not have an office or place of busines	s in the Ur	nited States, check this box		-		
• If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	f this is fo	r the whole	group, check this	
box 🕨	. If it is for part of the group, check this box 🕨 🗔	and atta	ach a list with the names and EINs o	f all memb	ers the ext	ension is for.	
1   re	quest an automatic 3-month (6 months for a corporation May 15, 2015, to file the exemp		to file Form 990-T) extension of time tion return for the organization name		The extens	sion	
is f	or the organization's return for:	•	-				
<b>&gt;</b>	calendar year or						
•	X tax year beginning OCT 1, 2013	, an	d ending SEP 30, 2014				
					_		
2  f t	ne tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return	Final retur	'n		
	Change in accounting period				l		
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or bubs,	enter the tentative tax, less any		•	0.	
	nrefundable credits. See instructions.	\		3a_	\$		
	his application is for Forms 990-PF, 990-T, 4720, or 6069					0.	
	imated tax payments made. Include any prior year over			3b	\$	<u></u>	
Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,				3c	_	0	
by using EFTPS (Electronic Federal Tax Payment System). See instructions.  Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453					\$	0.	
Caution.		direct de	טונ) with this Form 8868, see Form 8 		na Form 88		
LHA F 323841 12-31-13	or Privacy Act and Paperwork Reduction Act Notice,	, see instr	uctions.		Form	8868 (Rev. 1-2014)	
12-31-13							