EXTENSION ATTACHED

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: DISTRICT THREE IUE - TROT HILLS HOUSING CORP.

Doing Business As

Number and street (or P O. box if mail is not delivered to street address): OFFICE-BUILDING 60 COTTAGE STREET — Room/suite

City or town, state or country, and ZIP + 4: TROY, NY 12180

D Employer identification number: 14-1510984

E Telephone number: 518-274-4426

G Gross receipts $ 1,096,654.

F Name and address of principal officer: CARM DEPOALO, SAME AS C ABOVE

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No — If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ N/A

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1969 **M** State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: LOW INCOME HOUSING

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	0
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		
	9	Program service revenue (Part VIII, line 2g)	953,165.	1,094,865.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,989.	1,789.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	955,154.	1,096,654.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 10)	279,557.	302,936.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	619,748.	651,205.
	18	Total expenses Add lines 13 17 (must equal Part IX, column (A), line 25)	899,305.	954,141.
	19	Revenue less expenses Subtract line 18 from line 12	55,849.	142,513.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	744,047.	874,548.
	21	Total liabilities (Part X, line 26)	815,091.	803,079.
	22	Net assets or fund balances Subtract line 21 from line 20	-71,044.	71,469.

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Part II Signature Block

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

Sign Here

▶ X Signature of officer — Date X 8-5-10

▶ CARM DEPOALO, PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date 7/27/10 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed) address, and ZIP + 4 ▶ DIMARCO, ABIUSI & PASCARELLA CPAS, PC
4 CLINTON SQUARE - SUITE 104
SYRACUSE, NY 13202-1074

EIN ▶

Phone no. ▶ (315)475-6954

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

SCANNED AUG 26 2010

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission NONE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 954,141. including grants of $) (Revenue $ 1,096,654.)
RENTAL OF LOW INCOME APARTMENTS

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 954,141.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	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? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide 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 term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• 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*			
	• 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*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• 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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A: Yes [ ] No [X]			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		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		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701 2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886 T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098 C as required?		7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	0		
b	Enter the number of voting members that are independent	1b	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶NY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address and telephone number of the person who possesses the books and records of the organization ▶

LONGLEY-JONES - (315) 424-0200
SYRACUSE, NEW YORK 13203

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- 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 See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

[X] Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
CARM DEPOALO PRESIDENT								0.	0.	0.
JOHN BURKE SECRETARY								0.	0.	0.
JOSE FERNANDEZ BOARD MBR								0.	0.	0.
HOWARD CONNORS BOARD MBR								0.	0.	0.
DOMINICK PATRIGNANI BOARD MBR								0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts					
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f				
g Noncash contributions included in lines 1a-1f $					
h **Total.** Add lines 1a-1f ▶					
Program Service Revenue	Business Code				
2 a RENTAL REVENUE	531110	1,039,205.	1,039,205.		
b MISCELLANEOUS REVENUE	531110	43,681.	43,681.		
c TENANT CHARGES	531110	11,979.	11,979.		
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a 2f ▶		1,094,865.			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) ▶		1,789.	1,789.		
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties ▶					
	(i) Real / (ii) Personal				
6 a Gross Rents					
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss) ▶					
	(i) Securities / (ii) Other				
7 a Gross amount from sales of assets other than inventory					
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss) ▶					
8 a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events ▶					
9 a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities ▶					
10 a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	Business Code				
11 a					
b					
c					
d All other revenue					
e **Total.** Add lines 11a-11d ▶					
12 **Total revenue** See instructions ▶		1,096,654.	1,096,654.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	188,755.	188,755.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	66,992.	66,992.		
10 Payroll taxes	47,189.	47,189.		
11 Fees for services (non-employees)				
a Management	72,073.	72,073.		
b Legal	4,203.	4,203.		
c Accounting	6,900.	6,900.		
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	4,203.	4,203.		
13 Office expenses	8,415.	8,415.		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	31,675.	31,675.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	86,251.	86,251.		
23 Insurance	49,880.	49,880.		
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a REAL ESTATE TAXES	96,520.	96,520.		
b GAS	80,079.	80,079.		
c ELECTRICITY	74,661.	74,661.		
d SUPPLIES	38,482.	38,482.		
e WATER	20,980.	20,980.		
f All other expenses	76,883.	76,883.		
25 **Total functional expenses** Add lines 1 through 24f	954,141.	954,141.	0.	0.
26 **Joint costs** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		21,991.	1	296,104.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	83,531.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	74,062.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,545,308.			
	b	Less accumulated depreciation	10b 3,223,771.	356,768.	10c	321,537.
	11	Investments publicly traded securities			11	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		365,288.	15	99,314.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		744,047.	16	874,548.
Liabilities	17	Accounts payable and accrued expenses		65,626.	17	47,680.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		554,299.	23	593,569.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		195,166.	25	161,830.
	26	**Total liabilities.** Add lines 17 through 25		815,091.	26	803,079.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [X] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0.	30	0.
	31	Paid in or capital surplus, or land, building, or equipment fund		0.	31	0.
	32	Retained earnings, endowment, accumulated income, or other funds		-71,044.	32	71,469.
	33	Total net assets or fund balances		-71,044.	33	71,469.
	34	Total liabilities and net assets/fund balances		744,047.	34	874,548.

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization DISTRICT THREE IUE - TROT HILLS HOUSING CORP.

Employer identification number 14-1510984

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

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

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

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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

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

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

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

7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

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

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

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

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other

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

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s)

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

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	837,344.	871,278.	935,299.	955,154.	1096654.	4695729.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	837,344.	871,278.	935,299.	955,154.	1096654.	4695729.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b						0.
8 **Public support** (Subtract line 7c from line 6)						4695729.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	837,344.	871,278.	935,299.	955,154.	1096654.	4695729.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)	837,344.	871,278.	935,299.	955,154.	1096654.	4695729.

14 **First five years.** If the Form 990 is for the organization s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	.00 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization: DISTRICT THREE IUE - TROT HILLS HOUSING CORP.

Employer identification number: 14-1510984

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

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

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

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

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

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ _____%
b Permanent endowment ▶ _____%
c Term endowment ▶ _____%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	125,000.			125,000.
b Buildings	3,420,308.		3,223,771.	196,537.
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				321,537.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of year market value
Financial derivatives		
Closely held equity interests		
Other		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
TENANT ACCOUNTS RECEIVABLE	12,931.
TENANTS SECURITY DEPOSITS	86,383.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	99,314.

Part X Other Liabilities. See Form 990, Part X, line 25

1 (a) Description of liability	(b) Amount
Federal income taxes	
TENANTS SECURITY DEPOSITS	86,383.
ACCRUED TAXES PAYABLE	64,535.
PREPAID REVENUE	10,912.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	161,830.

2. FIN 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,096,654.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	954,141.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	142,513.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	142,513.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	1,096,654.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	1,096,654.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	1,096,654.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	867,890.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	867,890.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	86,251.		
c	Add lines **4a** and **4b**			4c	86,251.
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	954,141.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DEPRECIATION EXPENSE: 86251.

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

Supplemental Information to Form 990

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

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization: DISTRICT THREE IUE - TROT HILLS HOUSING CORP.

Employer identification number: 14-1510984

FORM 990, PART VI, SECTION B, LINE 11: THE PRESIDENT REVIEWS THE FORM 990.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2C:
THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

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

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization: DISTRICT THREE IUE - TROT HILLS HOUSING CORP.

Employer identification number: 14-1510984

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
DISTRICT THREE, IUE HOUSING DEV. FUND CORP. - 14-1541574					

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

Schedule R (Form 990) 2009

932161
02-04-10

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(d) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

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

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

DISTRICT THREE,,IUE, TROT HILLS HOUSING CORP
DEPRECIATION SCHEDULE
2009 FORM 990, PART II, LINE 42

	DATE	COST	METHOD	DEPRECIATION ALLOWED IN PRIOR YEARS	CURRENT DEPRECIATION EXPENSE	A/D @ 12/31/2009
BUILDING						
FROM 1983		1875319 00	SL 40	1825011	46883	1871894
REHAB & SILLS	1977	5675 00	SL 10	5675	0	5675
REHAB WORK	1978	3014 00	SL 10	3014	0	3014
SCREENS	1978	833 00	SL 10	833	0	833
SCREENS	1979	1443 00	SL 10	1443	0	1443
SMOKE ALARMS	1980	10200 00	SL 10	10200	0	10200
RAMP REMOVAL ETC	1981	1925 00	SL 10	1925	0	1925
BLDG #4,12,16 REPAIRS	1981	6750 00	SL 10	6750	0	6750
ROOF (NET OF 350 OVER ACCR IN 8	1982	2606 00	SL 10	2606	0	2606
SITE WORK, SHUTTERS	1983	11018 00	SL 10	11018	0	11018
BOOTH SUIT (REMOVED 1982)				0	0	0
BLDG IMPROVEMENTS	1984	19870 00	SL 10	19870	0	19870
WINDOWS, DOORS, LIGHTING	1985	31428 00	SL 10	31428	0	31428
IMPR , ROOF, WINDOWS	1985	18196 00	SL 10	18196	0	18196
WINDOWS	1986	4890 00	SL 10	4890	0	4890
DOORS	1986	3240 00	SL 10	3240	0	3240
CARPET	1986	912 00	SL 10	912	0	912
SHUTTERS	1986	775 00	SL 10	775	0	775
IMPROVEMENTS	3/87	3555 00	SL 10	3555	0	3555
GARAGE	2/87	8000 00	SL 10	8000	0	8000
DOORS	2/87	2940 00	SL 10	2940	0	2940
IMPROVEMENTS	11/87	9242 00	SL 10	9242	0	9242
GARAGE	6/87	615 00	SL 10	615	0	615
SIGN	1/87	689 00	SL 10	689	0	689
IMPRV	6/88	11168 00	SL 21	10905	263	11168
IMPRV-ROOF	1/88	725 00	SL 21	714	11	725
IMPRV	2/88	1638 00	SL 21	1599	39	1638
IMPRV	6/88	1203 00	SL 21	1171	32	1203
CANOPY	6/89	1175 00	SL 10	1175	0	1175
CHIMES	7/89	2250 00	SL 10	2250	0	2250
MW ALUMINUM	1/90	23600 00	SL 10	23600	0	23600
WINDOWS	3/90	520 00	SL 10	520	0	520
	11/93	1578 00	SL 10	1578	0	1578
LIGHTING	11/94	2915 00	SL 10	2915	0	2915
DOORS	8/94	3272 00	SL 10	3272	0	3272
LIGHTING FIXTURES	1/95	991 61	SL 10	992	0	992
COUNTERTOPS	6/95	300 24	SL 10	300	0	300
COUNTERTOPS	11/95	278 00	SL 10	278	0	278
LIGHTING FIXTURES	6/95	11290 00	SL 10	11290	0	11290
FLOORS	6/95	2284 50	SL 10	2285	0	2285
BATHROOM VANITY	3/95	418 80	SL 10	419	0	419
SHUTTERS	5/95	397 35	SL 10	397	0	397
SIGN	9/95	275 00	SL 10	275	0	275
GUTTERS	11/95	1076 00	SL 10	1076	0	1076
DOOR	5/95	414 56	SL 10	415	0	415
ROOF-RESHINGLED	6/95	5780 00	SL 10	5780	0	5780
COUNTERTOP	4/96	311 00	SL 10	311	0	311
CARPET	3/96	1177 00	SL 10	1177	0	1177
CARPET	7/96	15215 00	SL 10	15215	0	15215
FIXTURES	1/96	660 00	SL 10	660	0	660
FLOORS	2/96	691 50	SL 10	692	0	692
COUNTERTOPS	5/96	622 00	SL 10	622	0	622
FLOORS	5/96	607 00	SL 10	607	0	607
COUNTERTOPS	11/96	294 00	SL 10	294	0	294
FLOORS	11/96	461 00	SL 10	461	0	461
COUNTERTOPS	12/96	204 00	SL 10	204	0	204
DOORS	6/96	301 70	SL 10	302	0	302
DOOR	9/96	1029 02	SL 10	1029	0	1029
DOORS	12/96	985 00	SL 10	985	0	985
VANITY	11/97	202 00	SL 10	202	0	202
CARPET/LINOLEUM	2/97	1247 97	SL 10	1248	0	1248
CARPET/LINOLEUM	6/97	1901 28	SL 10	1901	0	1901
CARPET/LINOLEUM	10/97	1510 25	SL 10	1510	0	1510
COUNTERTOPS	2/97	1354 00	SL 10	1354	0	1354

DISTRICT THREE,,IUE, TROT HILLS HOUSING CORP
DEPRECIATION SCHEDULE
2009 FORM 990, PART II, LINE 42

	DATE	COST	METHOD		DEPRECIATION ALLOWED IN PRIOR YEARS	CURRENT DEPRECIATION EXPENSE	A/D @ 12/31/2009
FLOORS	2/97	831 50	SL	10	832	0	832
COUNTERTOPS	5/97	480 00	SL	10	480	0	480
FLOORS	5/97	550 62	SL	10	551	0	551
INTERCOM SYSTEM	6/97	10920 00	SL	10	10920	0	10920
FRONT ENCLOSURE	6/97	995 00	SL	10	995	0	995
FLOOR	7/97	258 87	SL	10	259	0	259
ENTRY LOCKS	9/97	4851 00	SL	10	4851	0	4851
HEATER COVERS	10/97	441 55	SL	10	442	0	442
DOORS	10/97	405 36	SL	10	405	0	405
COUNTERTOPS	11/97	1329 00	SL	10	1329	0	1329
FLOORS	12/97	648 70	SL	10	649	0	649
SHINGLES-ROOF	5/97	7025 00	SL	10	7025	0	7025
WINDOWS	6/97	295 00	SL	10	295	0	295
WINDOWS	9/97	899 50	SL	10	900	0	900
HW HEATERS	4/97	644 15	SL	10	644	0	644
DOORS	2/97	377 71	SL	10	378	0	378
DOORS	9/97	1115 02	SL	10	1115	0	1115
LIGHTS	1/97	239 76	SL	10	240	0	240
ROOF	7/98	3900 00	SL	10	3900	0	3900
LINOLEUM/CARPET	8/99	1018 00	SL	5	1018	0	1018
LINOLEUM	8/99	229 00	SL	5	229	0	229
LINOLEUM	7/99	232 00	SL	5	232	0	232
LINOLEUM	3/99	861 00	SL	5	861	0	861
CARPET	2/99	1033 00	SL	5	1033	0	1033
BOILER	11/99	2050 00	SL	5	2050	0	2050
BOILER	12/99	2050 00	SL	5	2050	0	2050
DRAINAGE	6/99	3900 00	SL	28	1348	142	1490
LINOLEUM/CARPET	2/00	961 00	SL	5	961	0	961
VANITY	5/00	202 00	SL	5	202	0	202
1 STOVE/2 REFRIGERATORS	5/00	1002 00	SL	5	1002	0	1002
KITCHEN & BATH FLOOR	5/00	259 00	SL	5	259	0	259
LINOLEUM/CARPET	4/00	320 00	SL	5	320	0	320
KITCHEN FLOOR	6/00	415 00	SL	5	415	0	415
ROOF	7/00	4220 00	SL	15	2530	281	2811
BOILER	8/00	1100 00	SL	5	1100	0	1100
CARPETING	8/00	846 00	SL	5	846	0	846
CARPETING	8/00	188 00	SL	5	188	0	188
CARPETING	9/00	846 00	SL	5	846	0	846
ROOF	11/00	4220 00	SL	15	2530	281	2811
CARPETING	12/01/01	20462 00	SL	5	20462	0	20462
CARPET	5/22/02	1,041 47	SL	5	1041	0	1041
ROOF	12/20/02	7,705 00	SL	10	4649	771	5420
BOILER	3/25/02	12,369 00	SL	5	12369	0	12369
CIRCUIT BREAKER	5/13/02	2,850 00	SL	5	2850	0	2850
PLUMBING RE-ROUTE (DRAINAGE)	5/16/02	1,024 15	SL	27 5	246	37	283
CARPET	3/31/09	898 00	MSL	5 0		157	157
TOTAL BUILDING		2233968 14			2172654	48897	2221551
PAVING							
PAVEMENT	ROM 1983	29700 00	SL	20	29700	0	29700
PAVEMENT	1986	12600 10	SL	20	12600	0	12600
PAVING	11/89	9500 00	SL	10	9500	0	9500
ENTRANCE & WALKWAY	9/89	1250 00	SL	10	1250	0	1250
SIDEWALK	11/92	1365 00	SL	10	1365	0	1365
SIDEWALK	3/94	2370 00	SL	10	2370	0	2370
PAVING	11/96	9588 50	SL	10	9589	0	9589
PAVING	12/96	4810 00	SL	10	4810	0	4810
SIDEWALKS	12/96	15038 00	SL	10	15038	0	15038
SIDEWALKS	5/97	3005 60	SL	10	3006	0	3006
BRICK WORK - ENTRY	11/02	7,000 00	SL	10	4259	700	4959
SIDEWALK	10/1/04	3,162 00	SL	10	395	79	474
SIDEWALK	5/20/05	4,402 00	MSL	15	1066	294	1360
SIDEWALK	12/19/05	4,872 00	MSL	15	1015	325	1340
PAVING	10/8/07	48,820 00	MSL	15	3661	3256	6917

DISTRICT THREE,.IUE, TROT HILLS HOUSING CORP
DEPRECIATION SCHEDULE
2009 FORM 990, PART II, LINE 42

	DATE	COST	METHOD	DEPRECIATION ALLOWED IN PRIOR YEARS	CURRENT DEPRECIATION EXPENSE	A/D @ 12/31/2009
TOTAL PAVING		157483 20		99624	4654	104278
BUILDING IMPROVEMENTS						
FLEXIBLE SUBSIDY IMPROVEMENT	11/20/87	42158 00	SL 22	40398	1760	42158
FLEXIBLE SUBSIDY IMPROVEMENT	12/21/87	114279 42	SL 22	109092	5187	114279
FLEXIBLE SUBSIDY IMPROVEMENT	06/88	204865 42	SL 21	199981	4884	204865
LIGHT FIXTURE	7/98	715 82	SL 7	716	0	716
LIGHT FIXTURE	8/98	818 08	SL 7	818	0	818
LIGHT FIXTURE	7/98	510 00	SL 7	510	0	510
LIGHT FIXTURE	11/98	607 49	SL 7	607	0	607
KITCHEN FLOOR	3/98	593 35	SL 7	593	0	593
GUTTER	3/98	750 00	SL 7	750	0	750
DOORS	4/98	1180 94	SL 7	1181	0	1181
BATH FLOOR	5/98	815 97	SL 7	816	0	816
LIGHT FIXTURE	6/98	970 29	SL 7	970	0	970
LIGHT FIXTURE	4/98	908 50	SL 7	909	0	909
DOORS	7/98	267 32	SL 7	267	0	267
BATH FLOOR	9/98	159 96	SL 7	160	0	160
LINOLEUM	10/98	421 87	SL 7	422	0	422
WINDOWS	12/98	31708 72	SL 7	31709	0	31709
CABINET	7/98	92 00	SL 7	92	0	92
COUNTERTOP	9/98	311 00	SL 7	311	0	311
2 STORM DOORS	6/99	1103 00	SL 5	1103	0	1103
KITCHEN FLOOR	1/99	844 00	SL 5	844	0	844
KITCHEN FLOOR	1/99	422 00	SL 5	422	0	422
COUNTERTOP	3/99	202 00	SL 5	202	0	202
COUNTERTOP	1/99	311 00	SL 5	311	0	311
COUNTERTOP	2/5/01	311 00	SL 5	311	0	311
COUNTERTOP	4/12/01	909 00	SL 5	909	0	909
COUNTERTOP	9/20/01	218 00	SL 5	218	0	218
SHUTTERS	5/17/02	884 60	SL 10	581	88	669
DOORS	9/30/03	8,800 00	SL 15	3379	587	3966
COUNTERTOP & VANITIES	3/23/04	804 00	SL 5	765	39	804
VANITIES	9/29/04	456 00	SL 5	387	69	456
VANITY	12/20/04	234 00	SL 5	192	42	234
VANITY	2/14/05	234 00	MSL 5	182	47	229
COUNTERTOP & CABINETS	3/30/05	1,508 00	MSL 5	1170	302	1472
VANITIES	5/24/05	467 00	MSL 5	337	93	430
LINOLEUM	5/25/05	921 00	MSL 5	667	184	851
CARPET & LINOLEUM	7/29/05	1,235 00	MSL 5	834	247	1081
VANITY	11/4/05	234 00	MSL 5	147	47	194
CARPET & LINOLEUM	11/18/05	1,070 00	MSL 5	669	214	883
COUNTERTOP & CABINETS	11/28/05	1,246 00	MSL 5	778	249	1027
DOORS	12/9/05	8,100 00	MSL 7	4542	1157	5699
ROOF	2/27/07	9,200 00	MSL 15	1150	614	1764
ROOF	3/31/07	9,200 00	MSL 15	1150	614	1764
ROOF	11/15/07	17,200 00	MSL 15	1290	1147	2437
WINDOWS - 27	11/18/07	5,927 00	MSL 7	953	846	1799
ROOF	10/14/09	12,900 00	MSL 15		107	107
ROOF	12/12/09	14,150 00	MSL 15		117	117
TOTAL BUILDING IMPROVEMENTS		501224 75		413795	18641	432436
BUILDING EQUIPMENT FIXED						
		80615 00		80615	0	80615
INSTALL SMOKE ALARMS	1981	5500 00	SL 10	5500	0	5500
LIGHT FIXTURES	1981	936 25	SL 5	936	0	936
MAILBOXES	1981	253 05	SL 5	253	0	253
SIGNS	1981	227 70	SL 5	228	0	228
12 BLINDS	1982	1163 00	SL 5	1163	0	1163
PLAYGROUND SEATS	1982	225 00	SL 5	225	0	225
12 BLINDS	1982	1163 00	SL 5	1163	0	1163
STEEL HSGS	1982	306 00	SL 10	306	0	306

DISTRICT THREE, IUE, TROT HILLS HOUSING CORP
DEPRECIATION SCHEDULE
2009 FORM 990, PART II, LINE 42

	DATE	COST	METHOD		DEPRECIATION ALLOWED IN PRIOR YEARS	CURRENT DEPRECIATION EXPENSE	A/D @ 12/31/2009
BOILER	1982	823 00	SL	10	823	0	823
PUMP/PHOTOCELLS, ETC	1983	1863 00	SL	5	1863	0	1863
CIRC MOTOR-HEAT	1984	1022 47	SL	5	1022	0	1022
LIGHT FIXTURES	1985	3199 80	SL	5	3200	0	3200
EQUIPMENT	5/14/86	2892 66	SL	5	2893	0	2893
CUSTOM BLINDS (4)	3/89	590 72	SL	5	591	0	591
CARPET	5/89	10361 00	SL	10	10361	0	10361
CARPET	6/89	2500 00	SL	10	2500	0	2500
CARPET	7/89	7500 00	SL	10	7500	0	7500
CARPET	3/90	466 10	SL	10	466	0	466
CARPET	6/90	473 00	SL	10	473	0	473
CARPET	7/90	382 00	SL	10	382	0	382
CARPET	1/91	402 00	SL	10	402	0	402
CARPET	5/91	1067 00	SL	10	1067	0	1067
CARPET	12/91	616 00	SL	10	616	0	616
DOORS	3/91	1490 00	SL	10	1490	0	1490
KITCHEN COUNTER	4/92	213 00	SL	10	213	0	213
HOT WATER HEATER	10/92	590 00	SL	10	590	0	590
CARPET	9/93	809 50	SL	10	810	0	810
BOILER	5/93	275 29	SL	10	275	0	275
HOT WATER TANK	10/94	424 95	SL	10	425	0	425
DOOR	1/95	455 50	SL	10	456	0	456
HOT WATER HEATER	6/95	559 55	SL	10	560	0	560
BOILER	1/96	1150 54	SL	10	1151	0	1151
HW HEATER	4/96	310 95	SL	10	311	0	311
HW HEATER (2)	1/96	570 60	SL	10	571	0	571
EQUIPT	12/96	1362 00	SL	10	1362	0	1362
HEAT TIMER	1/12/01	572 00	SL	5	572	0	572
PLAYGROUND	4/30/03	15424 00	SL	5	15424	0	15424
EXCAVATION FOR PLAYGROUND	9/1/03	1500 00	SL	5	1500	0	1500
BOILERS (4)	1/12/05	9997 00	MSL	7	5536	1428	6964
BOILERS (6)	9/28/05	12168 00	MSL	7	5868	1738	7606
BOILERS (6)	12/6/05	12174 00	MSL	7	5436	1738	7174
TOTAL BUILDING EQUIPMENT FIXED		184594 63			167098	4904	172002
BUILDING EQUIPMENT PORTABLE							
		53000 00			53000	0	53000
REFRIGERATOR	1978	560 00	SL	5	560	0	560
REFRIGERATOR	1978	344 00	SL	5	344	0	344
REFRIGERATOR (3)	1979	864 00	SL	5	864	0	864
APPLIANCES	1980	364 00	SL	5	364	0	364
AIR CONDITIONER	1980	151 00	SL	5	151	0	151
REFRIGERATOR (3)	1981	1213 00	SL	5	1213	0	1213
STOVES	1984	920 00	SL	5	920	0	920
REFRIGERATORS	1984	1740 00	SL	5	1740	0	1740
FIXTURE (BLINDS)	1984	722 43	SL	5	722	0	722
EQUIPMENT (FLOOR MACHINE)	1984	597 75	SL	5	598	0	598
REFRIGERATORS	1985	1305 00	SL	5	1305	0	1305
REFRIGERATOR	6/86	764 00	SL	5	764	0	764
EQUIPMENT	1986	1024 00	SL	5	1024	0	1024
REFRIGERATOR	10/87	435 00	SL	5	435	0	435
REFRIGERATOR	11/87	435 00	SL	5	435	0	435
REFRIGERATOR (2)	12/87	870 00	SL	5	870	0	870
REFRIGERATOR	2/88	435 00	SL	5	435	0	435
STOVE	3/88	348 00	SL	5	348	0	348
2 REFRIGERATORS	12/89	798 00	SL	5	798	0	798
REFRIGERATOR	10/90	398 00	SL	5	398	0	398
STOVE	10/90	305 00	SL	5	305	0	305
AIR CONDITIONERS	6/90	299 00	SL	5	299	0	299
AIR CONDITIONERS	10/90	235 00	SL	5	235	0	235
REFRIGERATOR	1/91	398 00	SL	5	398	0	398
152 REFRIGERATORS	7/91	51984 00	SL	5	51984	0	51984
1 GAS STOVE	1/91	312 00	SL	5	312	0	312
STOVE	4/92	312 00	SL	5	312	0	312

DISTRICT THREE, JUE, TROT HILLS HOUSING CORP
DEPRECIATION SCHEDULE
2009 FORM 990, PART II, LINE 42

	DATE	COST	METHOD		DEPRECIATION ALLOWED IN PRIOR YEARS	CURRENT DEPRECIATION EXPENSE	A/D @ 12/31/2009
149 STOVES	6/95	35977 00	SL	5	35977	0	35977
VANITY	4/98	202 00	SL	7	202	0	202
VANITY	10/98	202 00	SL	7	202	0	202
STOVE	12/98	264 00	SL	7	264	0	264
REFRIGERATOR	10/10/03	372 00	SL	5	372	0	372
VANITY	10/28/03	222 00	SL	5	222	0	222
STOVE	11/19/03	248 00	SL	5	248	0	248
REFRIGERATORS	7/1/04	744 00	SL	5	445	149	594
TOTAL BUILDING EQUIPMENT PORTABLE		159364 18			159065	149	159214
OFFICE EQUIPMENT							
FROM '83 WPS	1975	1651 00	SL	10	1651	0	1651
KEY MACHINE, SHELVING	1977	348 00	SL	10	348	0	348
TYPEWRITER	1979	238 00	SL	5	238	0	238
TYPEWRITER	1981	541 98	SL	5	542	0	542
OFFICE SCREEN	1981	222 19	SL	10	222	0	222
FILE	1981	156 00	SL	10	156	0	156
2 FILES	1982	443 00	SL	5	443	0	443
FILE	1983	241 00	SL	5	241	0	241
TYPEWRITER	1986	1275 00	SL	5	1275	0	1275
4 DRAWER FILES	1986	488 00	SL	5	488	0	488
OFFICE FURNISHINGS	5/87	497 00	SL	5	497	0	497
XEROX	8/87	3067 15	SL	5	3067	0	3067
CHAIR	12/87	260 00	SL	5	260	0	260
SOFTWARE PACKAGE	4/88	1296 35	SL	5	1296	0	1296
COMPUTER & PRINTER	5/88	860 00	SL	5	860	0	860
TELEPHONE	9/88	257 87	SL	5	258	0	258
TYPEWRITER	10/90	705 65	SL	5	706	0	706
OFFICE FURNISHINGS	12/91	2026 00	SL	5	2026	0	2026
COPIER	4/92	1207 25	SL	5	1207	0	1207
COMPUTER	4/93	2140 60	SL	5	2141	0	2141
DESK	3/95	595 95	SL	5	596	0	596
COPIER	6/97	2887 50	SL	5	2888	0	2888
FAX MACHINE	8/97	550 00	SL	5	550	0	550
EQUIP IN AP	12/97	1204 50	SL	5	1205	0	1205
PLUG	12/97	369 00	SL	5	369	0	369
COMPRESSOR KIT	11/98	307 76	SL	5	308	0	308
EQUIP FROM TIME WARNER	11/01	2448 00	SL	5	2448	0	2448
TOTAL OFFICE EQUIPMENT		26284 75			26283	0	26283
CAPITAL IMPROVEMENTS							
BOILERS - 4	2/3/06	2500 00	MSL	7	893	357	1250
BOILERS - 4	3/26/06	2500 00	MSL	7	893	357	1250
BOILERS - 4	4/5/06	2500 00	MSL	7	893	357	1250
KITCHEN FLOORING	9/26/06	270 00	MSL	5	135	54	189
PIPING	11/21/06	3250 00	MSL	28	295	118	413
KITCHEN FLOORING	12/28/06	209 00	MSL	5	105	42	147
BIOLERS -4	2/28/07	9074 00	MSL	7	2431	1297	3728
BOILERS	6/20/07	1439 00	MSL	7	335	206	541
BOILERS -4	10/9/07	4480 00	MSL	7	720	640	1360
GUTTERS - 5	8/25/08	5095 00	MSL	15	170	170	340
BOILER INSTALL	12/10/08	1600 00	MSL	7	114	114	228
RETAINING WALL	7/6/09	9400 00	MSL	15		235	235
BOILER INSTALL	10/9/09	1950 00	MSL	7		35	35
TOTAL CAPITAL IMPROVEMENTS		44267 00			6984	3982	10966
APPLIANCES							
REFRIGERATORS (3)	6/9/05	1141 00	MSL	5	827	228	1055
REFRIGERATORS (2)	1/26/07	851 00	MSL	5	319	170	489
CABINET	1/23/07	238 00	MSL	5	90	48	138
CABINETS (2)	5/11/07	495 00	MSL	5	161	99	260

DISTRICT THREE, IUE, TROT HILLS HOUSING CORP
DEPRECIATION SCHEDULE
2009 FORM 990, PART II, LINE 42

	DATE	COST	METHOD		DEPRECIATION ALLOWED IN PRIOR YEARS	CURRENT DEPRECIATION EXPENSE	A/D @ 12/31/2009
REFRIGERATOR & STOVE	10/23/07	728 00	MSL	5	164	146	310
REFRIGERATOR	5/7/08	444 00	MSL	5	44	89	133
REFRIGERATORS (2)	10/29/08	931 00	MSL	5	93	186	279
REFRIGERATORS (2)	5/26/09	1017 00	MSL	5		127	127
REFRIGERATOR	6/22/09	663 00	MSL	5		83	83
REFRIGERATORS (2)	9/15/09	1002 00	MSL	5		75	75
RANGE	9/30/09	516 00	MSL	5		39	39
REFRIGERATOR	9/30/09	606 00	MSL	5		45	45
DISHWASHER & MICROWAVE	10/6/09	437 00	MSL	5		11	11
CABINETS	10/14/09	1622 00	MSL	5		41	41
TOTAL APPLIANCES		10691 00			1698	1387	3085
MAINTENANCE EQUIPMENT							
		12753 00			12753	0	12753
SPRAYERS	1979	349 00	SL	5	349	0	349
MOWER	1980	156 00	SL	5	156	0	156
MOWER	1981	194 60	SL	3	195	0	195
SNOWBLOWER	1982	773 00	SL	5	773	0	773
PUMP & SNAKE	1982	234 00	SL	5	234	0	234
VACUUM	1982	119 00	SL	5	119	0	119
LAWN EQUIP	1985	3644 00	SL	5	3644	0	3644
SNOWBLOWER	4/87	1039 95	SL	5	1040	0	1040
DOUBLE BAGGER	11/88	745 00	SL	5	745	0	745
2 CARPET CLEANING MACHINES	4/89	595 00	SL	5	595	0	595
MULCHER/MOWER	5/91	199 88	SL	5	200	0	200
LEAF VACUUM	10/94	599 99	SL	5	600	0	600
TRACTOR & BAGGER	7/94	2400 00	SL	5	2400	0	2400
SALT SPREADER	2/95	1483 00	SL	5	1483	0	1483
GENERATOR	1/96	790 00	SL	5	790	0	790
TRACTOR	11/96	4604 00	SL	5	4604	0	4604
EQUIP IN A/P	12/97	999 95	SL	5	1000	0	1000
TRACTOR	3/29/02	3,239 00	SL	5	3236	0	3236
PLOW	12/20/02	927 56	SL	5	928	0	928
LAWN EDGER	9/23/04	254 00	SL	5	179	51	230
LAWN TRACTOR	5/4/06	1,986 00	MSL	5	993	397	1390
TOTAL MAINTENANCE EQUIPMENT		38085 93			37016	448	37464
MOTOR VEHICLES							
2005 FORD F250 TRUCK	8/1/05	12810 00	MSL	5	9287	2562	11849
TOTAL MOTOR VEHICLES		12810 00			9287	2562	11849
TRANSPORTATION EQUIPMENT							
SNOW PLOW FOR TRUCK	8/19/05	3282 00	MSL	7	1700	469	2169
TRUCKBOX	8/11/05	299 00	MSL	5	217	60	277
		3581 00			1917	529	2446
LAND IMPROVEMENTS							
FULLY DEPRECIATED		42100 00			42100		42100
SIDEWALK	7/10/09	2950 00	MSL	15		74	74
SIDEWALK	10/28/09	2907 00	MSL	15		24	24
		5857 00			42100	98	42198
GRAND TOTAL DEPRECIATION EXPENSE					3137521	86251	3223772

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545 1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6 month extension check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3 month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3 month extension or (2) you file Forms 990 BL, 6069, or 8870, group returns, or a composite or consolidated Form 990 T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
	DISTRICT THREE IUE - TROT HILLS HOUSING CORP.	14-1510984
File by the due date for filing your return See instructions	Number, street, and room or suite no If a P O box, see instructions OFFICE-BUILDING 60 COTTAGE STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions TROY, NY 12180	

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990 T (corporation)	[ ] Form 4720
[ ] Form 990 BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990 T (trust other than above)	[ ] Form 6069
[ ] Form 990 PF	[ ] Form 1041 A	[ ] Form 8870

- The books are in the care of ▶ LONGLEY-JONES SYRACUSE, NEW YORK - 13203
  Telephone No ▶ (315) 424-0200 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990 T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for
▶ [X] calendar year 2009 or
▶ [ ] tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990 BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$
b	If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453 EO and Form 8879 EO for payment instructions

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions**

923831
05-26-09