

Return of Organization Exempt From Income Tax

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

2000

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2000 calendar year, or tax year period beginning 2000, and ending 20

- B Check if applicable: Change of addr, Change of name, Initial return, Final return, Amended return

Please use IRS label or print or type See Specific Instructions

C Name of organization, number and street, city, town, state, and ZIP code: FELLOWSHIP HOUSING COPORATION, 2060 Stonington Suite 200, Hoffman Estates, IL 60195

D Employer identification number: 36-3774128; E Telephone number: (847) 882-2511; F Check if application pending

G Organization type (check only one): 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Accounting method: Cash

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note H and I are not applicable to sec 527 orgs. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Enter 4-digit group exemption no (GEN). L Check this box if organization is not required to attach Schedule B (Form 990 or 990-EZ).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions)

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Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for public support, investment income, and special events. Total revenue is 533,274. Total expenses are 436,456. Net assets at end of year are 443,862.

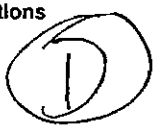
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Form 990 (2000)



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**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	19,287.	0.	19,287.
26	Other salaries and wages	26	121,511.	87,401.	25,256.
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	10,338.	6,120.	3,541.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32	366.	366.	
33	Supplies	33	483.	483.	
34	Telephone	34	3,953.		3,953.
35	Postage and shipping	35	1,782.		1,782.
36	Occupancy	36	16,981.	4,434.	12,547.
37	Equipment rental and maintenance	37	15,879.	15,879.	
38	Printing and publications	38	3,797.		3,797.
39	Travel	39	408.		408.
40	Conferences, conventions, and meetings	40			
41	Interest	41	44,073.	44,073.	
42	Depreciation, depletion, etc (attach schedule)	42	28,675.	28,587.	88.
43	Other expenses (itemize) a See Attached	43a	168,923.	132,680.	30,012.
	b _____	43b			
	c _____	43c			
	d _____	43d			
	e _____	43e			
44	<b>Total functional expenses</b> (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	436,456.	320,023.	96,874.
					19,559.

**Reporting of Joint Costs** Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?  Yes  No

If "Yes," enter (i) aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See Specific Instructions)

What is the organization's primary exempt purpose? <b>Family Services</b>	Program Service Expenses (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts but optional for others)
a PROVIDED DISCOUNTED AND SUBSIDIZED RENTAL HOUSING WITH SOCIAL SERVICES TO TEMPORARILY ECONOMICALLY DISADVANTAGED FAMILIES (Grants and allocations \$ _____)	320,023.
b _____ (Grants and allocations \$ _____)	
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	320,023.

**Part IV Balance Sheets** (See Specific Instructions )

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year	
ASSETS	45	Cash -- non-interest-bearing		149,991.	45	106,549.	
	46	Savings and temporary cash investments			46		
	47a	Accounts receivable	47a				
	b	Less allowance for doubtful accounts	47b		47c		
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b		48c		
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b		51c		
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges			53		
	54	Investments -- securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54		
	55a	Investments -- land buildings, and equipment, basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b		55c		
56	Investments -- other (attach schedule)			56			
57a	Land, buildings, and equipment basis	57a	1,128,902.				
b	Less accumulated depreciation (attach schedule)	57b	72,186.	765,391.	57c	1,056,716.	
58	Other assets (describe _____ )				58		
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>			915,382.	59	1,163,265.	
LIABILITIES	60	Accounts payable and accrued expenses			60		
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)			64a		
	b	Mortgages and other notes payable (attach schedule)			568,338.	64b	719,403.
	65	Other liabilities (describe _____ )				65	
66	<b>Total liabilities (add lines 60 through 65)</b>			568,338.	66	719,403.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		347,044.	67	443,862.	
	68	Temporarily restricted			68		
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	<b>Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)</b>			347,044.	73	443,862.
	74	<b>Total liabilities and net assets / fund balances (add lines 66 and 73)</b>			915,382.	74	1,163,265.

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Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.





Part VII Analysis of Income-Producing Activities (See Specific Instructions)

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues & assessments, 95 Interest on savings and temporary cash investments, 96 Dividends & interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit/(loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note. Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions)

Table with 2 columns: Line No, Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). Entry: See Statement Attached.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership int; (C) Nature of activities; (D) Total income; (E) End-of-year assets. Includes stamp: RECEIVED IN IRS-OSC 609 MAR 25 2002 OGDEN UTAH.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign: Under penalties of perjury, I declare that I have examined this return, including accompanying 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 information and documents furnished to the preparer by the taxpayer. Declaration of preparer (other than officer) is based on information and documents furnished to the preparer by the taxpayer. See General Instruction W. Signature: Sue C Elwood, President. Date: [Redacted]. Preparer's SSN or PTIN: 341-44-3286.



Part III Statements About Activities		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary		
<b>a</b>	Sale, exchange, or leasing of property?		X
<b>b</b>	Lending of money or other extension of credit?		X
<b>c</b>	Furnishing of goods, services, or facilities?		X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
<b>e</b>	Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions		X
<b>3</b>	Does the organization make grants for scholarships, fellowships, student loans, etc ?		X
<b>4a</b>	Do you have a section 403(b) annuity plan for your employees?		X
<b>b</b>	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See the instructions )		

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PART IV*

**Part IV Reason for Non-Private Foundation Status** (See the instructions )

The organization is not a private foundation because it is (Please check only **ONE** applicable box )

**5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

**6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5 )

**7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

**8**  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)

**9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ▶**

**10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)

**11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

**11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)

**12**  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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A )

**13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

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**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting  
 Note. You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	319,032.	158,370.	178,423.	393,564.	1,049,389.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc. purpose	120,659.	109,383.	101,258.	109,023.	440,323.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	469.	1,004.	16,711.	6,584.	24,768.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	440,160.	268,757.	296,392.	509,171.	1,514,480.
<b>24</b> Line 23 minus line 17	319,501.	159,374.	195,134.	400,148.	1,074,157.
<b>25</b> Enter 1% of line 23	4,402.	2,688.	2,964.	5,092.	
<b>26</b> Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24 b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts. c Total support for section 509(a)(1) test. Enter line 24, column (e). d Add: Amounts from column (e) for lines 18, 19, 22. e Public support (line 26c minus line 26d total). f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).				26a 26b RECEIVED IN CORRE 26c 25 2002 26d 26e DEN. HTAH 26f %
<b>27</b> Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year. (1999) 151,484. (1998) 79,300. (1997) 30,000. (1996) 67,000. b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (1999) (1998) (1997) (1996)				
<b>c</b> Add: Amounts from column (e) for lines 15, 17, 20	1,049,389.	440,323.	1,489,712.		
<b>d</b> Add: Line 27a total and line 27b total	327,784.		327,784.		
<b>e</b> Public support (line 27c total minus line 27d total)			1,161,928.		
<b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			1,514,480.		
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))			76.7213 %		
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))			1.6354 %		
<b>28</b> Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See the instructions.)					

**Part V Private School Questionnaire** (See the instructions)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

*JA*

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)		
<hr/>			
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32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
<hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)			
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34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

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**Part VI-A Lobbying Expenditures by Electing Public Charities** (See the instructions)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

*NA*

- Check here **a** if the organization belongs to an affiliated group  
 Check here **b** if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table --			
<b>If the amount on line 40 is --</b>	<b>The lobbying nontaxable amount is --</b>		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 38 Enter -0- if line 42 is more than line 38	<b>43</b>	0.	0.
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	0.	0.

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**  
 (For reporting only by organizations that did not complete Part VI-A) (See the instructions)

*NA*

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount

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If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i) Cash
(ii) Other assets

b Other transactions

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

Main table for question 51d with columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, & sharing arrangements.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (with checkboxes)

b If "Yes," complete the following schedule

Table for question 52b with columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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**Schedule B  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

**2000**

Name of organization FELLOWSHIP HOUSING COPORATION			Employer identification number 36-3774128	
Organization type (check one)-- Section	<input checked="" type="checkbox"/> 501(c)( 3 )	(enter number)	527 or	4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations--**

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see **General rule** in instructions )

Enter here the total gifts received during the year for a religious, charitable, etc., purpose  \$

**Note: This form is generally not open to public inspection except for section 527 organizations.**

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MAR 25 2002

OGDEN, UTAH

Name of organization  
**FELLOWSHIP HOUSING COPORATION**

Employer identification number  
**36-3774128**

**Part I Contributors**

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>50,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>2</u>		\$ <u>5,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>3</u>		\$ <u>20,579.</u>	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution )
<u>4</u>		\$ <u>10,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
<u>5</u>		\$ <u>13,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )
(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution )

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 SALT LAKE CITY, UTAH

Name of organization  
**FELLOWSHIP HOUSING COPORATION**

Employer identification number  
**36-3774128**

**Part II Noncash Property**

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	Publicly traded corporate stock	\$ 20,579.	

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 OGDEN, UTAH

Form 990 - Schedule A - Supplementary Information  
 Part IV - Line 27a  
 Sum Amounts for Each Year for Each Disqualified Person

Description	1999	1998	1997	1996
	50,000.	50,000.	30,000	61,000.
	9,000.	6,000.	0	6,000.
	0.	10,000.	0	0
	0	13,300	0.	0.
	7,500	0.	0.	0.
	40,524.	0.	0	0
	5,772.	0.	0.	0
	38,688.	0	0.	0
TOTAL	151,484.	79,300.	30,000	67,000.

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MAR 25 2002

OGDEN, UTAH

Form 990 - Exempt Organization Tax Return  
 Line 9a - Special Fundraising Events and Activities

Description of Event	Gross Rec.	Contrib	Exp
Golf Outing Fund Raiser	115,117	0	53,060
<b>TOTAL</b>	<b>115,117.</b>	<b>0.</b>	<b>53,060</b>

Form 990 - Exempt Organization Tax Return  
 Line 42 - Depreciation, Depletion, Etc

Description	(A) Total	(B) Program Services	(C) Mgmt & General	(D) Fund-raising
Straight Line Deprec.	28,675	28,587.	88.	0
<b>TOTAL</b>	<b>28,675</b>	<b>28,587.</b>	<b>88</b>	<b>0.</b>

Form 990 - Exempt Organization Tax Return  
 Line 43 - Other Expenses

Description	(A) Total	(B) Program Services	(C) Mgmt & General	(D) Fund-raising
Insurance	3,805	1,828.	1,977	0
Association Fees	35,053	35,053	0	0
Building Rehab expense	72,946.	72,946.	0.	0.
Benevolence	5,959.	5,959.	0.	0.
Office Expenses	11,266	0.	11,266.	0
Bank Charges	934	31	903	0
Volunteer expenses	1,826.	1,826	0.	0
Dues and subscriptions	232.	0.	232	0.
Professional fees	14,861.	0.	14,861.	0.
Other	9,044	2,040.	773	6,231
Program activities	3,516	3,516	0	0.
Real estate taxes	9,481	9,481.	0	0
<b>TOTAL</b>	<b>168,923.</b>	<b>132,680.</b>	<b>30,012</b>	<b>6,231</b>

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 OGDEN, UTAH

Form 990 - Part IV - Balance Sheets  
Line 64b - Mortgages and Other Notes Payable

Description	Amount
Mortgage, 7 25% interest, due April 2024 with bank	559,001
Mortgage, 8 05% interest, due September 2025 with bank	160,402.
TOTAL	719,403 =====

Form 990 - Part IV-A - Line b(4)  
Other amounts included on line A but not on line 12, Form 990

Description	Amount
Special event expenses	53,060.
TOTAL	53,060. =====

Form 990 - Part IV-B - Line b(4)  
Other amounts included on line A but not on line 17, Form 990

Description	Amount
Special event expenses	53,060
TOTAL	53,060. =====

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Form 990 - Exempt Organization Tax Return  
Part VIII - Relationship of Activities to Accomplishment of Exempt Purpose

Line No.	Explanation
93B	APARTMENTS ARE RENTED TO ECONOMICALLY DISADVANTAGED FAMILIES AT LESS THAN MARKET RENTS. IN ADDITION THESE FAMILIES ARE AFFORDED CERTAIN SOCIAL SERVICES, SUCH AS COUNSELING, JOB PLACEMENT, CREDIT MANAGEMENT AND FINANCIAL PLANNING
101	A Golf outing is conducted to raise awareness and funds for exempt purpose of organization

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Note # 1 - Fixed Assets & Depreciation

Form 990 Page 2 Line 42 and Page 3 Line 57 a & b

	1999	2000
Building	\$806,182	\$1,126,182
Office equipment	2,101	2,101
Office furniture	619	619
	808,902	1,128,902
Less Accum. Depreciation	43,511	72,186
	\$765,391	\$1,056,716
	=====	=====
Straight line depreciation expense	\$ 24,087	\$ 28,675
	=====	=====

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Note # 2 - Directors

Form 990, Part V, List of Directors

Name		Comp	Benefits	Exp
Sue Elworth, Barrington, IL	Dir	17,249	0	0
Michael Barry, Edwards, CO	Dir	0	0	0
Arnis Putrenieks, Barrington, IL	Dir	0	0	0
Keith Bode, Inverness, IL	Treas	0	0	0
Irene Davidson, Barrington Hills	Dir	0	0	0
Cheri Dial, Barrington, IL	Sec	0	0	0
Steve Clark, Hoffman Estates, IL	Dir	0	0	0
Clare Conerty, Mt Prospect, IL	Dir	0	0	0
Fred Izzo, Wayne, IL	Dir	0	0	0
David Eichmann, Hoffman Estates	Dir	0	0	0
Frank Frankini, Lombard, IL	Dir	0	0	0
Dean Prokos S. Barrington, IL	Dir	0	0	0
Jean Regan, Hinsdale, IL	Dir	0	0	0
Jeff Westergard, Iverness, IL	Dir	0	0	0

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MAR 25 2002

OGDEN, UTAH

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

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)

**Note: 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)

**Note** Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only  
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns  
 Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print  File by the due date for filing your return See instructions.	Name of Exempt Organization <b>FELLOWSHIP HOUSING COPORATION</b>	Employer identification number <b>36-3774128</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>1114 A Knollwood Dr.</b>	
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions <b>Schaumburg, IL 60194-2157</b>	

**RECEIVED**

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720 1 2002
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

**Entry Control**

- 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-month, for 990-T corporation) extension of time until August 15, 2001 to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year 2000 or  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**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. \$ 0.

**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. \$ \_\_\_\_\_

**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. \$ 0

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ [Signature] Title ▶ [Signature] Date ▶ 5/11/2001

For Paperwork Reduction Act Notice, see Instruction

Form 8868 (12-2000)

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

**Note** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time—Must File Original and One Copy.**

Type or print	Name of Exempt Organization <b>FELLOWSHIP HOUSING COPORATION</b>	Employer Identification number <b>36-3774128</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>1114 A Knollwood Dr.</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Schaumburg, IL 60194-2157</b>	

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

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

**STOP. Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868**

• 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 is for

4 I request an additional 3-month extension of time until November 15, 2001

5 For calendar year 2000 or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_

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

7 State in detail why you need the extension Additional time is needed to gather all information necessary to prepare a complete and accurate return

8a 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 \$ 0.

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due** Subtract line 8b from line 8a. 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 \$ 0.

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Signature] Title CEO Date 3/14/2001

**Notice to Applicant—To Be Completed by the IRS**

We have approved this application. Please attach this form to the organization's return

We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return

We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

We cannot consider this application because it was filed after the due date of the return for which an extension was requested.

Other \_\_\_\_\_

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By \_\_\_\_\_ Date **MAR 25 2002**

Alternate Mailing Address -- Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above **OGDEN, UTAH**

Type or print	Name <b>Capin Crouse, LLP</b>
	Number and street (include suite, room, or apt. no.) Or a P O box number <b>351 S Main Place, Suite 210</b>
	City or town, province or state, and country (including postal or ZIP code) <b>Carol Stream, IL 60188</b>