

Return of Organization Exempt From Income Tax

2001

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

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

For the 2001 calendar year, or tax year beginning 2001, and ending

Section B: Check if applicable (Address change, Name change, Initial return, Final return, Amended return, Application pending). Section C: Name of organization (CLEVELAND HOUSING NETWORK), Address (2999 PAYNE AVENUE, CLEVELAND, OHIO 44114). Section D: Employer identification number (34-1346763). Section E: Telephone number (216-574-7100).

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

Section H and I: H(a) Is this a group return for affiliates? (Yes No), H(b) If "Yes" enter number of affiliates, H(c) Are all affiliates included? (Yes No), H(d) Is this a separate return filed by an organization covered by a group ruling? (Yes No). Section I: Enter 4-digit GEN. Section M: Check if the organization is not required to attach Sch B.

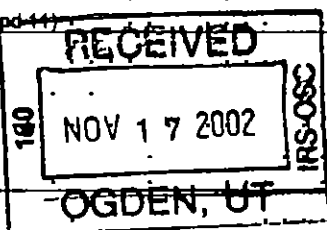
Section G: Web site. Section J: Organization type (501(c)3, 4947(a)(1), 527). Section K: Check here if the organization's gross receipts are normally not more than \$25,000.

L Gross receipts Add lines 6b 8b 9b and 10b to line 12 13,142,535

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Rows include Contributions (1a-1c), Program service revenue (2), Membership dues (3), Interest on savings (4), Dividends (5), Gross rents (6a-6c), Other investment income (7), Gross amount from sales of assets (8a-8c), Special events (9a-9c), Gross sales of inventory (10a-10c), Other revenue (11), Total revenue (12), Program services (13), Management and general (14), Fundraising (15), Payments to affiliates (16), Total expenses (17), Excess or deficit (18), Net assets at beginning (19), Other changes (20), Net assets at end (21).

FILMED DEC 03 2002 Revenue



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 on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 18 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	(cash \$ _____ noncash \$ _____)				
23	Specific assistance to individuals (attach schedule)	6,560,882	6,560,882		
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc				
26	Other salaries and wages	4,236,130	3,907,204	175,353	153,573
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees	243,333	98,963	94,421	49,949
33	Supplies	305,523	227,523	78,000	
34	Telephone	104,856	83,474	20,125	1,257
35	Postage and shipping				
36	Occupancy	130,470	121,470	5,891	3,109
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest	276,704	260,412	16,292	
42	Depreciation depletion etc (attach schedule)	114,910	37,313	77,597	
43	Other expenses not covered above (itemize): a	1,168,874	1,060,746	104,145	3,983
	b SEE ATTACHED STATEMENT				
	c				
	d				
	e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	13,141,682	12,357,987	571,824	211,871

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes" enter (i) the 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 on page 24)

What is the organization's primary exempt purpose? **SEE ATTACHED STATEMENT**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)

a	<u>WEATHERIZATION OF PROPERTIES OWNED AND/OR OCCUPIED BY LOW INCOME FAMILIES OR INDIVIDUALS</u>	(Grants and allocations \$ _____)	5,992,268
b	<u>ACQUISITION, REHABILITATION, UPKEEP AND RENTAL OR SALE OF PROPERTIES TO LOW INCOME FAMILIES OR INDIVIDUALS</u>	(Grants and allocations \$ _____)	5,311,164
c	<u>FINANCIAL ASSISTANCE, REFERRAL SERVICES AND FAMILY COUNSELING TO AT-RISK FAMILIES IN INNER-CITY NEIGHBORHOODS THAT OCCUPY CLEVELAND HOUSING NETWORK LOW-INCOME RENTAL UNITS</u>	(Grants and allocations \$ _____)	1,054,555
d	_____	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B) Program services)		12,357,987

Part IV Balance Sheets (See Specific Instructions on page 24)

Note		(A)		(B)	
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		Beginning of year		End of year	
Assets	45	Cash - non-interest-bearing	4,760,987	45	4,105,971
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable	7,165,473		
	b	Less allowance for doubtful accounts	2,565,749	47c	7,165,473
	48a	Pledges receivable			
	b	Less allowance for doubtful accounts		48c	
	49	Grants receivable	991,774	49	53,639
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)	36,507,213		
	b	Less allowance for doubtful accounts	31,193,013	51c	36,507,213
	52	Inventories for sale or use	4,635,892	52	9,099,877
	53	Prepaid expenses and deferred charges	20,626	53	23,237
	54	Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55a	Investments - land, buildings, and equipment basis	691,294		
	b	Less accumulated depreciation (attach schedule)	358,527	225,289	55c
56	Investments - other (attach schedule)			56	
57a	Land, buildings, and equipment basis				
b	Less accumulated depreciation (attach schedule)			57c	
58	Other assets (describe SEE ATTACHED STATEMENT)	6,016,696	58	7,244,447	
59	Total assets (add lines 45 through 58) (must equal line 74)	50,410,026	59	64,532,624	
Liabilities	60	Accounts payable and accrued expenses	12,263,700	60	22,006,253
	61	Grants payable		61	
	62	Deferred revenue	1,266,806	62	1,596,508
	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)	25,680,752	64b	29,730,242
65	Other liabilities (describe SEE ATTACHED STATEMENT)	380,000	65	380,000	
66	Total liabilities (add lines 60 through 65)	39,591,258	66	53,713,003	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67	Unrestricted	9,566,101	67	9,664,038
	68	Temporarily restricted	477,667	68	380,583
	69	Permanently restricted	775,000	69	775,000
	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	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)	10,818,768	73	10,819,621
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	50,410,026	74	64,532,624

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 VI Other Information (See Specific Instructions on page 27)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
	b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
	b If "Yes," enter the name of the organization SEE ATTACHED STATEMENT _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditure See line 81 instructions	81a		
	b Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
	b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		
	c Dues, assessments, and similar amounts from members	85c		
	d Section 162(e) lobbying and political expenditures	85d		
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
	g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a		
	b Gross receipts, included on line 12 for public use of club facilities	86b		
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a		
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X	
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 NONE , section 4912 NONE , section 4955 NONE			
	b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
	c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			NONE
	d Enter Amount of tax on line 89c, above, reimbursed by the organization			N/A
90a	List the states with which a copy of this return is filed OHIO			
	b Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b		86
91	The books are in care of MARY C SAUNDERS Telephone no 216-574-7100 Located at 2999 PAYNE AVENUE CLEVELAND OHIO ZIP + 4 44114			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <u>MANAGEMENT FEES</u>					2,978,912
b <u>RENTAL INCOME</u>					42,439
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	89,449	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					2,003,737
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					131,834
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B) (D), and (E))				89,449	5,156,922
105 Total (add line 104, columns (B) (D), and (E))					5,246,371

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 on page 32.)

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)
▼	SEE ATTACHED STATEMENT

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE ATTACHED STATEMENT	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (a) Did the organization during the year receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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.

Please Sign

NOVEMBER 15, 2001

Date

TOR

Date	Check if	Preparer's SSN or PTIN (See Gen. Inst. W)
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SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

CLEVELAND HOUSING NETWORK

34-1346763

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ROBERT S CURRY ----- 2999 PAYNE AVENUE CLEVELAND 44114	EXEC DIR 40	91,095		
PATRICK KENNEY ----- 2999 PAYNE AVENUE CLEVELAND 44114	COO 40	80,985		
DEJUAN PERRYMOND ----- 2999 PAYNE AVENUE CLEVELAND 44114	40	89,245		
GREGORY SANDERS ----- 2999 PAYNE AVENUE CLEVELAND 44114	MIS DIR 40	79,956		
ELIZABETH HERNANDEZ ----- 2999 PAYNE AVENUE CLEVELAND 44114	PROP SER DR 40	69,939		
Total number of other employees paid over \$50,000 ▶	8			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each Independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MELA REMODELING ----- P O BOX 18621 CLEVELAND HEIGHTS OH 44118	CONTRACTING	314,873
E & M CONTRACTOR ----- 14104 SAYBROOK CLEVELAND OHIO 44105	CONTRACTING	234,965
ALVA WATKINS HEATING & COOLING ----- 1714 TAFT N E CANTON OHIO 44705	CONTRACTING	83,790
LACHOWICZ RENOVATION ----- 1590 GRACE AVENUE LAKEWOOD OHIO 44107	CONTRACTING	39,237
MONICA ADAMS ----- 14402 JEAN CLEVELAND OHIO 44110	CONTRACTING	30,605
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national state, or local legislation, including any attempt to influence public opinion on legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amount on line 38, Part VI-A, or line i or Part VI-B) 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	1	X
2 During the year has the organization either directly or indirectly engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X

Note 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

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of 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)
- 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)
- 11 a 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)
- 11 b 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 page 5 of the instructions)

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

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	9,188,353	8,226,038	7,594,458	7,835,440	32,844,289
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,498,046	2,187,933	1,965,940	1,590,415	8,242,334
18 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	1,914,504	1,708,621	1,464,150	1,267,612	6,354,887
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	13,600,903	12,122,592	11,024,548	10,693,467	47,441,510
24 Line 23 minus line 17	11,102,857	9,934,659	9,058,608	9,103,052	39,199,176
25 Enter 1% of line 23	136,009.03	121,225.92	110,245.48	106,934.67	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e) line 24				26a 783,983.52
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts				26b
	c Total support for section 509(a)(1) test Enter line 24, column (e)				26c 39,199,176
	d Add Amounts from column (e) for lines 18 6,354,887 19 _____ 22 _____ 26b _____				26d 6,354,887
	e Public support (line 26c minus line 26d total)				26e 32,844,289
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 83.7882 %
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year NOT APPLICABLE (2000) _____ (1999) _____ (1998) _____ (1997) _____				
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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) Do not file this list with your return 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 (2000) _____ (1999) _____ (1998) _____ (1997) _____				
	c Add Amounts from column (e) for lines 15 32,844,289 16 _____ 17 8,242,334 20 _____ 21 _____				27c 41,086,623
	d Add Line 27a total _____ and line 27b total _____				27d
	e Public support (line 27c total minus line 27d total)				27e 41,086,623
	f Total support for section 509(a)(2) test Enter amount on line 23, column (e)				27f 47,441,510
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g 86.6047 %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h 13.3952 %
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000 prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions)

(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

		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) ----- ----- -----		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (if you need more space, attach a separate statement) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (if you need more space, attach a separate statement) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
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		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

NOT APPLICABLE

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -	41	
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		
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

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 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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 page 12 of the instructions)

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	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h)			NONE

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

Schedule of Contributors

2001

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

Name of organization Employer identification number

CLEVELAND HOUSING NETWORK

34-1346763

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule - see instructions)

General Rule -

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules -

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

CLEVELAND HOUSING NETWORK

34-1346763

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SEE ATTACHED LIST OF CONTRIBUTORS		Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
7			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

CLEVELAND HOUSING NETWORK

Employer identification number

34-1346763

Part II Noncash Property (See Specific Instructions)

NOT APPLICABLE

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____
_____	_____ _____ _____	_____	_____

Name of organization: CLEVELAND HOUSING NETWORK
 Employer identification number: 34-1346763

Part III Exclusively religious, charitable, etc. individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry)
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once - see instructions) ▶ \$

(a) No from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1			
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

FORM 990, SCHEDULE B - PART I - CONTRIBUTORS

Name	Address	Aggregate Contribution	Direct Public Support	Government Contributions
	Cleveland, Ohio 44114	159,615	159,615	
	Cleveland, Ohio 44114	115,709	115,709	
	Cleveland, Ohio 44114	67,435	67,435	
	Cleveland, Ohio 44114	75,000	75,000	
	Cleveland, Ohio 44114	11,000	11,000	
	Cleveland, Ohio 44114	20,544	20,544	
	Cleveland, Ohio 44114	32,178	32,178	
	Cleveland, Ohio 44114	6,084	6,084	
	Cleveland, Ohio 44114	20,000	20,000	
	Cleveland, Ohio 44114	4,025	4,025	
	Cleveland, Ohio 44114	16,868	16,868	
	Cleveland, Ohio 44114	11,500	11,500	
	Cleveland, Ohio 44114	5,000	5,000	
	Cleveland, Ohio 44114	111,199	111,199	
	Cleveland, Ohio 44114	69,167	69,167	
	Cleveland, Ohio 44114	202,811		202,811
	Cleveland, Ohio 44114	146,625		146,625
	Cleveland, Ohio 44114	31,900	31,900	
	Cleveland, Ohio 44114	106,031		106,031
	Cleveland, Ohio 44114	62,732		62,732
	Cleveland, Ohio 44114	24,635	24,635	
	Cleveland, Ohio 44114	5,769	5,769	
	Cleveland, Ohio 44114	57,997		57,997
	Cleveland, Ohio 44114	220,833		220,833
	Cleveland, Ohio 44114	451,738		451,738
	Cleveland, Ohio 44114	11,213		11,213
	Cleveland, Ohio 44114	72,479	72,479	
	Cleveland, Ohio 44114	16,836		16,836
	Cleveland, Ohio 44114	36,105		36,105
	Cleveland, Ohio 44114	62,967	62,967	
	Cleveland, Ohio 44114	74,831		74,831
	Cleveland, Ohio 44114	602,822		602,822
	Cleveland, Ohio 44114	2,685,421	2,685,421	
	Cleveland, Ohio 44114	503,825	503,825	
	Cleveland, Ohio 44114	78,502		78,502
	Cleveland, Ohio 44114	419,924		419,924
	Cleveland, Ohio 44114	15,982		15,982
	Cleveland, Ohio 44114	1,278,863		1,278,863
TOTAL		7,896,163	4,112,318	3,783,845

FORM 990, PART II - LINE 23 - SPECIFIC ASSISTANCE TO INDIVIDUALS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
ACQUISITION REHAB, & CONSTRUCTION	1 778 634
HOUSEWARMING MATERIALS & LABOR	2 525 867
ELECTRIC WIRING	502 380
LEAD ABATEMENT	70,345
WATER CONSERVATION	1 273 216
FAMILY DEVELOPMENT	412 440
	<u>6,580,882</u>

FORM 990, PART II - LINE 43 - OTHER EXPENSES

<u>DESCRIPTION</u>	<u>TOTAL</u>	<u>PROGRAM SERVICES</u>	<u>MANAGEMENT AND GENERAL</u>	<u>FUNDRAISING</u>
CONTRACT MATERIALS	453 705	437,707	15 998	
MAINTENANCE	53 883	24 284	29 347	252
INSURANCE	72,026	33,821	37,674	531
PROPERTY MANAGEMENT FEES	505 132	505 132		
REAL ESTATE TAXES	8,691	2 215	6,476	
MISCELLANEOUS	75 437	57 587	14,650	3 200
	<u>1,185,874</u>	<u>1,060,748</u>	<u>104,145</u>	<u>3,983</u>

FORM 990, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ORGANIZATION WAS ESTABLISHED FOR THE PURPOSE OF COORDINATING EFFORTS AND RESOURCES OF NEIGHBORHOOD COMMUNITY DEVELOPMENT ORGANIZATIONS IN THE ACQUISITION AND REHABILITATION OR CONSTRUCTION OF HOUSING FOR LOW TO MODERATE INCOME INDIVIDUALS AND FAMILIES WITHIN THE CITY OF CLEVELAND

FORM 990, PART IV - LINE 58 - OTHER ASSETS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
MORTGAGES RECEIVABLE	380 583
INTEREST RECEIVABLE - DEFERRED	6 863 864
	<u>7,244,447</u>

FORM 990, PART IV - LINE 65 - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DEFERRED INTEREST	380 000
	<u>380,000</u>

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS & DEFERRED COMPENSATION	EXPENSE ACCOUNT AND OTHER ALLOWANCES
Carol Friedman 1206 East 80th Street Cleveland Ohio 44103-2204	Trustee Part Time	NONE	NONE	NONE
Joe Garcia 1521 Wagar Lakewood OH 44107	Trustee Part Time	NONE	NONE	NONE
Marge Misak 3018 Clinton Ave Cleveland, Ohio 44113	Trustee Part Time	NONE	NONE	NONE
Miriam Ortiz-Rush 1173 East Blvd Cleveland, Ohio 44108	Trustee Part Time	NONE	NONE	NONE
Roger Ramirez 1618 Blossom Park Cleveland, Oh 44107	Trustee Part Time	NONE	NONE	NONE
Dave Bailey 13610 Shaker Blvd #603 Cleveland OH 44120	Trustee Part Time	NONE	NONE	NONE
Kevin Cooney 5615A North Greenway Court Highland Heights, Ohio 44143	Trustee Part Time	NONE	NONE	NONE
Sr Joan Gallagher 2412 Community College Ave Cleveland, OH 44115	Trustee Part Time	NONE	NONE	NONE
Alan Gressel 2808 Van Aken Blvd Cleveland Ohio 44120	Trustee Part Time	NONE	NONE	NONE
Frances Hunter 18807 Hillgrove Avenue Cleveland OH 44119	Trustee Board Vice-President Part Time	NONE	NONE	NONE
Gail Long 1050 Starkweather Drive Cleveland, Ohio 44113	Trustee Part Time	NONE	NONE	NONE
Marty Murphy 1276 W 3rd St #319 Cleveland, OH 44113	Trustee Board President Part Time	NONE	NONE	NONE
William Riley 16911 Talford Cleveland, Ohio 44128	Trustee Part Time	NONE	NONE	NONE
Krume Stojanovski 3718 East 57 Cleveland Ohio 44105	Trustee Board Treasurer Part Time	NONE	NONE	NONE
Lovell Custard 3340 Trowbridge Avenue Cleveland, OH 44109	Trustee Part Time	NONE	NONE	NONE
Carolynn Galloway 4223 East 96 Street Cleveland Ohio 44105	Trustee Board Secretary Part Time	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES (CONTINUED)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS & DEFERRED COMPENSATION	EXPENSE ACCOUNT AND OTHER ALLOWANCES
Margaret Hamilton 8010 Simon Ave Cleveland Ohio 44103	Trustee Part Time	NONE	NONE	NONE
Kathryn Jackson 2212 East 86 Cleveland Ohio 44106	Trustee Part Time	NONE	NONE	NONE
Peter Meisel 6190 Cochran Rd Solon, Ohio 44139	Trustee Part Time	NONE	NONE	NONE
Scott Nagy 811 Brayton Avenue Cleveland OH 44113	Trustee Part Time	NONE	NONE	NONE
William Tillman 14113 Becket Rd Cleveland Ohio 44120	Trustee Part Time	NONE	NONE	NONE
Elizabeth Williams 18012 Invermere Rd Cleveland Ohio 44128	Trustee Part Time	NONE	NONE	NONE
John Weiss 4855 North Sedgewick Road Lyndhurst, Ohio 44124	Trustee Part Time	NONE	NONE	NONE
Kathleen Williams 2648 Loop Drive #190 Cleveland Ohio 44113	Trustee Part Time	NONE	NONE	NONE
Raymond Cash, Jr 3146 East 123rd Street Cleveland, Ohio 44120	Trustee Part Time	NONE	NONE	NONE
Pamela Johnson 3759 East 116th Street Cleveland Ohio 44105	Trustee Part Time	NONE	NONE	NONE
Andrew Clark 2352 East 69th Street Cleveland Ohio 44104	Trustee Part Time	NONE	NONE	NONE

FORM 990, PART VIII - RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT
93A	FEEs RECEIVED FROM PARTNERSHIPS FOR REAL ESTATE DEVELOPMENT INCLUDING PROPERTY REHABILITATION AND OTHER SUCH ACTIVITIES RELATED TO LOW INCOME HOUSING
93B	RENTAL INCOME RECEIVED FROM INDIVIDUALS AND/OR FAMILIES WHO PARTICIPATED IN THE ORGANIZATION S PROGRAMS WHICH PROVIDE AFFORDABLE HOUSING TO LOW AND MODERATE INCOME PERSONS
99	INTEREST INCOME FROM FUNDS LOANED TO RELATED ENTITIES TO FURTHER THE EXEMPT PURPOSE OF PROVIDING HOUSING TO THE INDIGENT
102	GAINS INCURRED ON SALES OF INVENTORY HOUSING TO LOW TO MODERATE INCOME RESIDENTS WHO ASSUMED OUTSTANDING DEBT ON PROPERTIES WHICH WAS HIGHER THAN UNIT'S NET BOOK VALUE

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES AND DISREGARDED ENTITIES

NAME AND ADDRESS	Employer Identification Number	Percentage Ownership Interest	Nature of Business Activities	Total Income	Ending Assets
Houseco III Inc 2999 Payne Avenue Cleveland OH 44114	34-1883054	75 0%	Property Mgmt	8	618
Houseco IV Inc 2999 Payne Avenue Cleveland OH 44114	34-1883056	75 0%	Property Mgmt	11	81
Houseco V Inc 2999 Payne Avenue Cleveland OH 44114	34-1883058	75 0%	Property Mgmt	1	(4)
Houseco VI, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1883061	75 0%	Property Mgmt	(6)	15
Houseco VII Inc 2999 Payne Avenue Cleveland, OH 44114	34-1883062	75 0%	Property Mgmt	(12)	(35)
Houseco VIII Inc 2999 Payne Avenue Cleveland, OH 44114	34-1883063	75 0%	Property Mgmt	(16)	(48)
Houseco IX Inc 2999 Payne Avenue Cleveland, OH 44114	34-1883064	75 0%	Property Mgmt	(16)	369 955
Houseco X Inc 2999 Payne Avenue Cleveland OH 44114	34-1883065	75 0%	Property Mgmt	(29)	311,527
Houseco XI Inc 2999 Payne Avenue Cleveland OH 44114	34-1883068	75 0%	Property Mgmt	(27)	848 777
Houseco XII Inc 2999 Payne Avenue Cleveland OH 44114	34-1797722	76 8%	Property Mgmt	(30)	621 626
Houseco XIII, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1824876	100 0%	Property Mgmt	(207)	154,579
Houseco XIV Inc 2999 Payne Avenue Cleveland, OH 44114	34-1843895	100 0%	Property Mgmt	(34)	(64 976)

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES AND DISREGARDED ENTITIES (CONTINUED)

NAME AND ADDRESS	Employer Identification Number	Percentage Ownership Interest	Nature of Business Activities	Total Income	Ending Assets
Houseco XV, Inc 2999 Payne Avenue Cleveland OH 44114	34-1854311	100 0%	Property Mgmt	(32)	113
Houseco XVI Inc 2999 Payne Avenue Cleveland, OH 44114	34-1876274	100 0%	Property Mgmt	(34)	137,428
Houseco XVII Inc 2999 Payne Avenue Cleveland, OH 44114	34-1898787	100 0%	Property Mgmt	(15)	(220)
Houseco XVIII Inc 2999 Payne Avenue Cleveland OH 44114	34-1938961	100 0%	Property Mgmt	-	-
Multifamily Restoration Inc 2999 Payne Avenue Cleveland OH 44114	34-1599143	100 0%	Property Mgmt	6	(6 286)
Network Restoration Inc 2999 Payne Avenue Cleveland OH 44114	34-1524244	100 0%	Property Mgmt	(123)	(9 115)
Infill I, Inc 2999 Payne Avenue Cleveland OH 44114	36-4025434	100 0%	Property Mgmt	(1,054)	15 514
Infill II Inc 2999 Payne Avenue Cleveland OH 44114	34-1806129	52 0%	Property Mgmt	(1,182)	(5 024)
Infill II, Inc 2999 Payne Avenue Cleveland OH 44114	02-0559951	100 0%	Property Mgmt	(219)	(119)
				<u>(3,010)</u>	<u>2,374,406</u>

FORM 990, SCHEDULE A - PART III - LINE 4b

IN ORDER TO RECEIVE THE BENEFITS OF THE ORGANIZATIONS S PROGRAMS
INDIVIDUALS OF FAMILIES MUST INCOME-QUALIFY, BASED ON THEIR EARNINGS
OR RECEIPT OF SUBSIDIES OR OTHER SUCH PAYMENTS BEING LESS THAN THE
AREA MEAN INCOME AS DETERMINED BY THE MOST RECENT UNITED STATES CENSUS

FORM 990 SCHEDULE A - PART VII - LINE 52aMember Groups (Tax-exempt)

Amstad Development Corporation
Bellaire-Puntas Development Corporation
Buckeye Area Development Corporation
Bell, Burten, Carr Development Corporation
Clark Metro Development Corporation
Collinwood Community Services
Detroit Shoreway Community Development Organization
Fairfax Renaissance Development Corporation
Famicos Foundation
Glennville Development Corporation
Hough Area Partners in Progress
Mount Pleasant NOW Development Corporation
Northeast Shores Development Corporation
Northeastern Neighborhood Development Corporation
Ohio City Near West Development Corporation
St Clair-Superior Neighborhood Development Association
Shaker Square Area Development Corporation
Slavic Village Development
Stockyards Area Development Association
Tremont West Development Association
Union Miles Development Corporation
Westtown Community Development Corporation

Form **8868**
(December 2000)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service

▶ 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 CLEVELAND HOUSING NETWORK, INC	Employer Identification number 34-1346763
	Number street and room or suite no. If a P.O. box, see instructions	
	C/O COHEN & CO., LTD., 1300 E. 9TH STR #1300	
City town or post office, state, and ZIP code For a foreign address see instructions CLEVELAND, OH 44114		

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 |
| <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 |

- 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, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 2001 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 \$ _____

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 \$ _____

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 ▶ Ter M. Dostalinski Title ▶ CPA Date ▶ 5/14/02

For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

Form 8868 (12-2000)

Page 2

- 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 file by the extended due date for filing the return See instructions	Name of Exempt Organization CLEVELAND HOUSING NETWORK, INC.	Employer Identification number 34-1346763
	Number, street, and room or suite no. If a P.O. box, see instructions C/O COHEN & CO., LTD. 1300 E. 9TH STR #1300	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CLEVELAND OH 44114	

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 11-15, 2002

5 For calendar year 2001, 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 IN ORDER TO OBTAIN ADDITIONAL INFORMATION FROM OUTSIDE THIRD PARTIES TO FILE 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 _____ \$ _____

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 _____ \$ _____

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 *Len M. Duvall* Title CPA Date 8/12/02

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 _____

Director _____ By _____

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

Type or print	Name
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

