

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

**2000**

Open to Public Inspection

**A** For the 2000 calendar year, OR tax year period beginning **OCT 1, 2000** and ending **SEP 30, 2001**

<b>B</b> Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>COMMUNITY HOUSING AND RESOURCES, INC.</b>		<b>D</b> Employer identification number <b>59-2037788</b>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>800 DUNLOP ROAD</b>		<b>E</b> Telephone number <b>941-433-5554</b>
		City or town, state or country, and ZIP <b>SANIBEL, FL 33957</b>		<b>F</b> Check <input type="checkbox"/> if application pending

**G** Organization type (check only one)  501(c)(3) (insert no)  527  
OR  4947(a)(1)

Section 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  Accrual  Other (specify)

**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.

(H and I are not applicable to section 527 orgs)

**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? **N/A**  Yes  No (If "No," attach a list)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4-digit group exemption no (GEN)

**L** Check this box if the 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**

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	200,926.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 200,926. noncash \$ )	1d	200,926.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	251,813.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	16,883.	
	5	Dividends and interest from securities	5		
	6	Gross rents	6a		
	Less rental expenses	6b			
	Net rental income (loss) (subtract line 6b from line 6a)	6c			
	Other investment income (describe)	7			
	8 a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	b	Less cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b	Less direct expenses other than fundraising expenses	9b		
	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
	11	Other revenue (from Part VII, line 103)	11	1,871.	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	471,493.	
Expenses	13	Program services (from line 44, column (B))	13	455,975.	
	14	Management and general (from line 44, column (C))	14	142,741.	
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	598,716.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-127,223.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,146,989.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20	-12,384.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,007,382.	

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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

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22 Grants and allocations, 23 Specific assistance, 24 Benefits paid, 25 Compensation of officers, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc, 43 Other expenses (itemize), 44 Total functional expenses.

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) 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

What is the organization's primary exempt purpose? SEE STATEMENT 3

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.)

Table with 2 columns: Description of program service, Program Service Expenses. Row a: SERVES AS THE HOUSING FOUNDATION FOR THE CITY OF SANIBEL, ALSO ENCOURAGES AND ASSISTS IN THE DEVELOPMENT OF BELOW MARKET RATE HOUSING WITHIN THE CITY (Grants and allocations \$) 455,975.

f Total of Program Service Expenses (should equal line 44, column (B), Program services) 455,975.

**Part IV Balance Sheets**

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	1,369.	45	1,340.
	46	Savings and temporary cash investments	347,600.	46	350,448.
	47 a	Accounts receivable	47a		
	b	Less allowance for doubtful accounts	47b	47c	
	48 a	Pledges receivable	48a		
	b	Less allowance for doubtful accounts	48b	48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
	51 a	Other notes and loans receivable	51a		
	b	Less allowance for doubtful accounts	51b	51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	19,628.	53	20,582.
	54	Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55 a	Investments - land, buildings, and equipment basis	55a		
	b	Less accumulated depreciation	55b	55c	
56	Investments - other		56		
57 a	Land, buildings, and equipment basis	57a	4,823,785.		
b	Less accumulated depreciation	57b	805,264.	57c	4,018,521.
58	Other assets (describe ► DEVELOPMENTS IN PROGRESS )		125,959.	58	163,563.
59	<b>Total assets (add lines 45 through 58) (must equal line 74)</b>		4,625,672.	59	4,554,454.
Liabilities	60	Accounts payable and accrued expenses	16,239.	60	29,673.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable STMT 4		2,437,994.	64b
65	Other liabilities (describe ► SECURITY DEPOSITS )		24,450.	65	25,750.
66	<b>Total liabilities (add lines 60 through 65)</b>		2,478,683.	66	2,547,072.
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	2,103,822.	67	1,986,304.
	68	Temporarily restricted	43,167.	68	21,078.
	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>		2,146,989.	73	2,007,382.
74	<b>Total liabilities and net assets / fund balances (add lines 66 and 73)</b>		4,625,672.	74	4,554,454.

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

Table with columns: Question, Answer, N/A, Yes, No. Rows include questions 76 through 92 regarding organizational activities, financials, and compliance.

91 The books are in care of JAN HYATT Telephone no 941-472-1189
Located at 800 DUNLOP ROAD SANIBEL ISLAND, FLORIDA ZIP code 33957

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**

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 RENTAL INCOME					251,813.
b _____					
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	16,883.	
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					
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					
103 Other revenue					
a OTHER REVENUE					1,871.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		16,883.	253,684.
105 Total (add line 104, columns (B), (D), and (E))					270,567.

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**

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 STATEMENT 6

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(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
N/A	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

- (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

completing schedules and statements, and to the best of my knowledge and belief it is true, information of which preparer has any knowledge. (Important: See General Instruction W.)

3/1/02  
 \_\_\_\_\_  
 GEORGE KOHLBRENNER  
 President

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

**Organization Exempt Under Section 501(c)(3)**

OMB No 1545-0047

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

**2000**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information**

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

Name of the organization

COMMUNITY HOUSING AND RESOURCES, INC.

Employer identification number

59 2037788

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See 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
NONE -----				
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Total number of other employees paid over \$50,000 ▶	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See 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
NONE -----		
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Total number of others receiving over \$50,000 for professional services ▶	0	

**Part III Statements About Activities**

	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 a legislative matter or referendum? If "Yes," enter the 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	1	X
2 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		
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? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a Do you have a section 403(b) annuity plan for your employees? 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 page 2 of the instructions)	4a	X

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 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, 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 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 5 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) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	418,272.	1,239,787.	239,141.	163,471.	2,060,671.
16 Membership fees received					
17 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	211,859.	197,851.	187,119.	333,786.	930,615.
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	18,593.	18,093.	8,529.	10,291.	55,506.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization a 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	1,237.	6,454.	8,823.	462.	16,976.
23 Total of lines 15 through 22	649,961.	1,462,185.	443,612.	508,010.	3,063,768.
24 Line 23 minus line 17	438,102.	1,264,334.	256,493.	174,224.	2,133,153.
25 Enter 1% of line 23	6,500.	14,622.	4,436.	5,080.	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	42,663.
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		26b	0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)		26c	2,133,153.
d Add: Amounts from column (e) for lines 18 <u>55,506.</u> 19 _____		26d	72,482.
22 <u>16,976.</u> 26b _____		26e	2,060,671.
e Public support (line 26c minus line 26d total)		26f	96.6021%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

27 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) <u>N/A</u> (1998) _____ (1997) _____ (1996) _____		
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) <u>N/A</u> (1998) _____ (1997) _____ (1996) _____			
c Add: Amounts from column (e) for lines 15 _____ 16 _____		27c	N/A
17 _____ 20 _____ 21 _____		27d	N/A
d Add: Line 27a total _____ and line 27b total _____		27e	N/A
e Public support (line 27c total minus line 27d total)		27f	N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e) <u>N/A</u>		27g	N/A %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27h	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))			

28 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 page 5 of the instructions)

NONE

**Part V Private School Questionnaire**

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

N/A

		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/>			
<hr/>			
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 )		
<hr/>			
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?		
i	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 )		
<hr/>			
<hr/>			
34 a	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**

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

N/A

- Check here  If the organization belongs to an affiliated group  
 Check here  If you checked "a" above 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
		N/A	
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 -		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is -		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$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 9 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

**Part VI-B Lobbying Activity by Nonselecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A)

N/A

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 e 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 e through h)

Yes	No	Amount
		0.

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



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

**Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2000**

Name of organization

COMMUNITY HOUSING AND RESOURCES, INC.

Employer identification number

59-2037788

Organization type (check one)-Section  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 below)

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.**

**General Instructions**

**Purpose of Form**

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization

**Who Must File Schedule B (Form 990 or 990-EZ)**

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

**Caution** Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ)

**Public Inspection**

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ)

**Contributors Required To Be Listed On Part I**

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations

**General rule** Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year

**Section 501(c)(3) organizations** For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a))

**Example** A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

**Section 501(c)(7), (8), or (10) organizations** For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above

If a section 501(c)(7), (8), or (10) organization received contributions or requests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III

**Specific Instructions**

**Note** You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

**Part I** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually)

**Part II** In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value

**Part III** Section 501(c)(7), (8), or (10) organizations that received contributions or requests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations

Name of organization

Employer identification number

COMMUNITY HOUSING AND RESOURCES, INC.

59-2037788

**Part I** Contributors

(a) No.	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 198,035.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
2		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
3		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
4		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
5		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)
6		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution.)

Asset	Date In Service	Property Description	Method	Period	Cost	Section 179 Expense	c	Prior Depreciation	Current Depreciation	End Depreciation
<b>Group BUILDINGS</b>										
Location SANIBEL										
10	6/30/92	AIRPORT RENTAL UN	S/L	27 5	695,682	B	0	209,761	25,298	235,059
11	6/30/92	LAND - WOOSTER LA	Memo	00	8,500	A	0	0	0	0
12	6/30/92	LAND - AIRPORT	Memo	00	600,000	290	0	0	0	0
13	8/20/92	BEACH ROAD - 4 UTIL	S/L	27 5	5,320	E	0	1,374	193	1,567
14	1/23/93	MAHOGANY RENTAL	S/L	27 5	707,961	279	0	198,443	25,744	224,187
15	12/30/93	WOOSTER RENTAL U	S/L	27 5	105,326	C	0	26,012	3,830	29,842
16	12/30/93	LAND - WOOSTER LA	Memo	00	24,706	A	0	0	0	0
17	12/02/96	LAND - BELDING COU	Memo	00	55,000	291	0	0	0	0
25	12/01/87	BEACH ROAD RENTA	S/L	27 5	238,440	E	0	110,950	8,671	119,621
26	9/15/90	SANIBEL HIGHLAND	S/L	27 5	225,461	D	0	82,367	8,199	90,566
27	9/15/90	SANIBEL HIGHLAND	Memo	00	32,120	286	0	0	0	0
28	12/02/96	BELDING COURT REN	S/L	27 5	165,283	273	0	22,789	6,010	28,799
29	9/30/90	LAND - BEACH ROAD	Memo	00	50,000	285	0	0	0	0
30	9/30/90	LAND - CENTER STRE	Memo	00	105,590	288	0	0	0	0
31	6/30/91	LAND - MAHOGANY	Memo	00	300,000	287	0	0	0	0
32	6/30/92	WOOSTER LANE REN	S/L	27 5	34,460	C	0	10,390	1,253	11,643
35	7/31/00	CASA MARIPOSA REN	S/L	39 0	1,231,436	281	0	6,578	31,575	38,153
37	7/31/00	LAND - WOODHAVEN	Memo	00	156,500	292	0	0	0	0
SANIBEL					4,741,785		0	668,664	110,773	779,437
BUILDINGS					4,741,785		0	668,664	110,773	779,437
<b>Group: FURNITURE, FIXTURES &amp; EQP</b>										
Location SANIBEL										
1	7/30/86	TYPEWRITER	PRE	50	559		0	559	0	559
2	1/01/87	FURNITURE	200DB	70	389		0	389	0	389
3	9/30/90	FURNITURE & FIXTU	S/L	70	3,500		0	3,500	0	3,500
4	2/25/91	COMPU ADD - COMPU	S/L	50	2,420		0	2,420	0	2,420
6	2/28/95	COMPUTER	200DB	50	1,655		0	1,655	0	1,655
7	6/02/97	COMPUTER	200DB	50	1,906		0	1,577	220	1,797
8	11/10/97	COPIER - SANTIVA OF	200DB	50	1,321		0	941	152	1,093
9	6/22/98	PRINTER & CABLE	200DB	50	500		0	356	58	414
33	5/14/99	MONITOR-CYNDIE	200DB	50	150		0	78	29	107
34	7/06/99	JAN'S COMPUTER	200DB	50	1,748		0	909	336	1,245
SANIBEL					14,148		0	12,384	795	13,179
FURNITURE, FIXTURES & EQP					14,148	263	0	12,384	795	13,179
<b>Group LEASEHOLD IMPROVEMENTS</b>										
Location SANIBEL										
5	6/07/94	STORAGE SHED- SAN	S/L	27 5	3,600	D	0	824	131	955
18	6/07/94	STORAGE SHED- BEA	S/L	27 5	3,600	E	0	824	131	955
19	6/07/94	STORAGE SHED- BEA	S/L	27 5	3,600	F	0	824	131	955
20	6/07/94	STORAGE SHED- BEA	S/L	27 5	3,600	I	0	824	131	955
21	6/07/94	STORAGE SHED- SAN	S/L	27 5	3,600	D	0	824	131	955
22	4/15/96	RENOVATIONS TO BE	S/L	39 0	40,232	E	0	4,600	1,032	5,632
23	3/15/96	RENOVATIONS TO AI	S/L	39 0	6,640	B	0	773	170	943
SANIBEL					64,872		0	9,493	1,857	11,350
LEASEHOLD IMPROVEMENTS					64,872		0	9,493	1,857	11,350
<b>Group SIGNS</b>										
Location SANIBEL										
24	12/29/97	SIGN - SANIBEL OFC	200DB	70	480		0	270	60	330
36	7/31/00	SIGN-CASA MARIPOS	200DB	70	2,500		0	357	612	969
SANIBEL					2,980		0	627	672	1,299
SIGNS					2,980	261	0	627	672	1,299
<b>Grand Total</b>					<b>4,823,785</b>		<b>0</b>	<b>691,168</b>	<b>114,097</b>	<b>805,265</b>

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
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DESCRIPTION	AMOUNT
CORRECTION OF PRIOR NET ASSETS	-12,384.
TOTAL TO FORM 990, PART I, LINE 20	-12,384.

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FORM 990	OTHER EXPENSES	STATEMENT	2
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
REPAIRS & MAINTENANCE	77,854.	77,265.	589.	
INSURANCE	38,519.	35,075.	3,444.	
PROFESSIONAL FEES	9,569.	9,569.		
CONDOMINIUM FEES	6,782.	6,782.		
TENANT ASSISTANCE-UTILITES	214.	214.		
ADVERTISING & PROMOTION	2,581.	2,581.		
PROPERTY TAXES	2,256.	2,256.		
MISCELLANEOUS	10,790.		10,790.	
TOTAL TO FM 990, LN 43	148,565.	133,742.	14,823.	

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FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	3
	PART III		

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EXPLANATION

THE ORGANIZATION'S EXEMPT PURPOSE IS TO PROMOTE AND ASSIST IN THE PROVISION OF AFFORDABLE HOUSING FOR LOW TO MODERATE INCOME INDIVIDUALS WORKING ON SANIBEL ISLAND, FLORIDA AND RESIDENTS WHO WOULD OTHERWISE BE UNABLE TO LIVE ON THE ISLAND.

FORM 990	MORTGAGES PAYABLE	STATEMENT	4
<u>DESCRIPTION</u>		<u>BALANCE DUE</u>	
CITY OF SANIBEL		2,064,920.	
CITY OF SANIBEL		33,668.	
CITY OF SANIBEL		183,501.	
CITY OF SANIBEL		128,198.	
CITY OF SANIBEL		30,292.	
CITY OF SANIBEL		21,438.	
CITY OF SANIBEL		15,525.	
CITY OF SANIBEL		14,107.	
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B		2,491,649.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	5
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<u>NAME AND ADDRESS</u>	<u>TITLE AND AVRG HRS/WK</u>	<u>COMPEN- SATION</u>	<u>EMPLOYEE BEN PLAN CONTRIB</u>	<u>EXPENSE ACCOUNT</u>
JANE HUDSON 1342 SAND CASTLE ROAD SANIBEL ISLAND, FLORIDA	DIRECTOR AS NEEDED	0.	0.	0.
GEORGE KOHLBRENNER 1667 VENUS DRIVE SANIBEL ISLAND, FLORIDA	PRESIDENT AS NEEDED	0.	0.	0.
KAREN BELL 1827 MIDDLE GULF DRIVE SANIBEL ISLAND, FLORIDA	TREASURER AS NEEDED	0.	0.	0.
RAY PAVELKA 699 ANCHOR DRIVE SANIBEL ISLAND, FLORIDA	SECRETARY AS NEEDED	0.	0.	0.
PHYLLIS BOGEN 1053 SEA HAWK LANE SANIBEL ISLAND, FLORIDA	VICE PRESIDENT AS NEEDED	0.	0.	0.
BILL SCHRAM 4910 LUCINA COURT FORT MYERS, FLORIDA 33908	LT CHAIR AS NEEDED	0.	0.	0.

STEVE BROWN 3819 WEST GULF DRIVE SANIBEL ISLAND, FLORIDA	COUNCIL LIAISON AS NEEDED	0.	0.	0.
JAN HYATT P.O. BOX 1393 SANIBEL ISLAND, FLORIDA	EXECUTIVE DIRECTOR ASST TR 40 HRS/WK	65,553.	0.	0.
ARMAND BALL 1351-2A MIDDLE GULF DRIVE SANIBEL ISLAND, FLORIDA	DIRECTOR AS NEEDED	0.	0.	0.
JILL DILLON 201 DANIEL DRIVE SANIBEL ISLAND, FLORIDA	DIRECTOR AS NEEDED	0.	0.	0.
RICHARD FARIS 698 CARDIUM STREET SANBIEL ISLAND, FLORIDA	DIRECTOR AS NEEDED	0.	0.	0.
JANIE FRESE 2058 WILD LIME DRIVE SANIBEL ISLAND, FLORIDA	DIRECTOR AS NEEDED	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		65,553.	0.	0.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 6

LINE 93A 103A EXPLANATION OF RELATIONSHIP OF ACTIVITIES PROVIDES FOR THE FINANCIAL SUPPORT OF THE PROGRAM'S ADMINISTRATIVE EXPENSES SUCH AS SALARIES, INSURANCE, ETC., & HELPS FUND FOR BELOW MARKET RATE HOUSING VIA SUBSIDIES AND PROVIDES FUNDING TO SUPPORT THE BELOW MARKET RATE HOUSING SUCH AS FINANCING REPAIRS & MAINTENANCE RENT SUBSIDIES TO UNIT OWNERS, INSURANCE, ETC.

DESCRIPTION	OTHER INCOME			
	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
OTHER REVENUE	1,237.	6,454.	8,823.	462.
TOTAL TO SCHEDULE A, LINE 22	1,237.	6,454.	8,823.	462.

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

▶ 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>COMMUNITY HOUSING AND RESOURCES, INC.</b>	Employer identification number <b>59-2037788</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>800 DUNLOP ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SANIBEL, FL 33957</b>	

**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 MAY 15, 2002 to file the exempt organization return for the organization named above. The extension is for the organization's return for  calendar year \_\_\_\_\_ or  tax year beginning OCT 1, 2000, and ending SEP 30, 2001

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 \$ N/A

### 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 ▶ [Handwritten Signature] Title ▶ CQA Date ▶ 2-4-02

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