

Return of Organization Exempt From Income Tax

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

2002

Open to Public Inspection

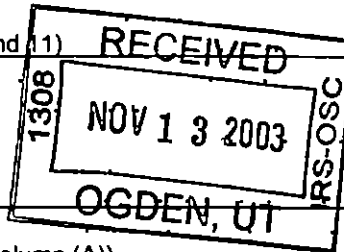
Department of the Treasury
Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning and ending		C Name of organization CLEVELAND HOUSING NETWORK		D Employer identification number 34-1346763	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
	2999 PAYNE AVENUE		306	216-574-7100	
	City or town	State or country	ZIP + 4	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶	
		CLEVELAND	OHIO	44114	
G Web site ▶		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)		H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ H(c) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J ORGANIZATION TYPE (check only one) ▶ <input checked="" type="checkbox"/> 501(c)(3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) OR <input type="checkbox"/> 527				I Enter 4-digit GEN ▶	
K Check here <input type="checkbox"/> 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.				M Check <input type="checkbox"/> if the organization is NOT required to attach Sch. B (Form 990, 990-EZ, or 990-PF).	
L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12. ▶		15,986,017			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	5,047,400		
	b Indirect public support	1b			
	c Government contributions (grants)	1c	5,511,795		
	d TOTAL (add lines 1a through 1c) (cash \$ 10,508,507 noncash \$)	1d			10,559,195
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			3,017,274
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			89,179
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a			
	b Less rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			0
7 Other investment income (describe ▶ Interest Income - Partnerships)	7			2,154,779	
Revenue	8 a Gross amount from sales 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	0	0	8d
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				
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			0	
Revenue	10 a Gross sales of inventory, less returns and allowances	10a	165,590		
	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			165,590
11 Other revenue (from Part VII, line 103)	11				
12 TOTAL REVENUE (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			15,986,017	
Expenses	13 Program services (from line 44, column (B))	13			13,256,810
	14 Management and general (from line 44, column (C))	14			954,172
	15 Fundraising (from line 44, column (D))	15			318,700
	16 Payments to affiliates (attach schedule)	16			
	17 TOTAL EXPENSES (add lines 16 and 44, column (A))	17			14,529,682
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			1,456,335
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			10,819,621
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			12,275,956



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 page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	0			
23	Specific assistance to individuals (attach schedule)	7,405,161	7,405,161		
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	0			
26	Other salaries and wages	4,315,759	3,661,149	420,295	234,315
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	0			
30	Professional fundraising fees	0			
31	Accounting fees	0			
32	Legal fees	487,874	353,275	79,562	55,037
33	Supplies	284,337	207,978	66,380	9,979
34	Telephone	110,960	82,033	25,860	3,067
35	Postage and shipping	0			
36	Occupancy	145,460	93,820	45,443	6,197
37	Equipment rental and maintenance	0			
38	Printing and publications	0			
39	Travel	0			
40	Conferences, conventions, and meetings	0			
41	Interest	250,343	239,825	10,518	
42	Depreciation, depletion, etc (attach schedule)	102,732	37,013	65,719	
43	Other expenses not covered above (itemize) a _____	1,427,056	1,176,556	240,395	10,105
b	SEE ATTACHED SCHEDULE	0			
c	_____	0			
d	_____	0			
e	_____	0			
f	_____	0			
44	TOTAL FUNCTIONAL EXPENSES (add lines 22 through 43) ORGANIZATIONS COMPLETING COLUMNS (B)-(D) CARRY THESE TOTALS TO LINES 13-15	14,529,682	13,256,810	954,172	318,700

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 page 24 of the instructions)

What is the organization's primary exempt purpose? <input type="checkbox"/> SEE ATTACHED STATEMENT	Program Service Expenses
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.)	Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.
a WEATHERIZATION OF PROPERTIES OWNED AND/OR OCCUPIED BY LOW INCOME FAMILIES OR INDIVIDUALS (Grants and allocations \$ _____)	7,316,681
b ACQUISITION, REHABILITATION, UPKEEP AND RENTAL OR SALE OR PROPERTIES TO LOW INCOME FAMILIES OR INDIVIDUALS (Grants and allocations \$ _____)	5,435,375
c FINANCIAL ASSISTANCE, REFERRAL SERVICES AND FAMILY COUNSELING TO AT-RISK FAMILIES IN INNER-CITY NEIGHBORHOODS THAT OCCUPY CLEVELAND HOUSING NETWORK LOW-INCOME RENTAL UNITS (Grants and allocations \$ _____)	504,754
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)	13,256,810

Part IV

Balance Sheets (See page 24 of the instructions)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)	
				Beginning of year		End of year	
Assets	45	Cash - non-interest-bearing		4,105,971	45	5,205,649	
	46	Savings and temporary cash investments			46		
	47	a	47a	5,818,025	7,165,473	47c	5,818,025
		b	47b	0			
	48	a	48a	0	0	48c	0
		b	48b	0			
	49	Grants receivable		53,639	49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0	
	51	a	51a	33,357,869	36,507,213	51c	33,357,869
		b	51b	0			
	52	Inventories for sale or use		9,099,877	52	7,408,142	
	53	Prepaid expenses and deferred charges		23,237	53	34,043	
	54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54	0	
	55	a	55a	1,281,220	332,767	55c	931,548
		b	55b	349,672			
56	Investments - other (attach schedule)		0	56	0		
57	a	57a	0	0	57c	0	
	b	57b	0				
58	Other assets (describe <input type="checkbox"/> See attached worksheet)		7,244,447	58	8,457,173		
59	TOTAL ASSETS (add lines 45 through 58) (must equal line 74)		64,532,624	59	61,212,449		
Liabilities	60	Accounts payable and accrued expenses		22,006,253	60	17,215,694	
	61	Grants payable			61		
	62	Deferred revenue		1,596,508	62	1,627,963	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0	
	64	a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
		b	Mortgages and other notes payable (attach schedule)		29,730,242	64b	29,712,835
	65	Other liabilities (describe <input type="checkbox"/> DEFERRED INTEREST)		380,000	65	380,000	
66	TOTAL LIABILITIES (add lines 60 through 65)		53,713,003	66	48,936,492		
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		9,664,038	67	11,161,081	
	68	Temporarily restricted		380,583	68	339,876	
	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, column (B) MUST equal line 21)		10,819,621	73	12,275,957	
	74	TOTAL LIABILITIES AND NET ASSETS / FUND BALANCES (add lines 66 and 73)		64,532,624	74	61,212,449	

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 page 27 of the instructions)

		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
78 a	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
80 a	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: <u>SEE ATTACHED STATEMENT</u>		
	and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file FORM 1120-POL for this year?	81b	X
82 a	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	
83 a	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
84 a	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	85a	
a	Were substantially all dues nondeductible by members?	85b	
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	85c	
c	Dues, assessments, and similar amounts from members	85d	
d	Section 162(e) lobbying and political expenditures	85e	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85f	0
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85g	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85h	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86	501(c)(7) orgs. Enter	86a	
a	Initiation fees and capital contributions included on line 12	86b	
b	Gross receipts, included on line 12, for public use of club facilities	87a	
87	501(c)(12) orgs. Enter	87b	
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
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
89 a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911: <u>NONE</u> , section 4912: <u>NONE</u> , section 4955: <u>NONE</u>		
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		0
d	Enter amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed: <u>OHIO</u>		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	92
91	The books are in care of: <u>MARY C SAUNDERS</u> Telephone no: <u>216-574-7130</u> Located at: <u>2999 PAYNE AVENUE, CLEVELAND, OHIO</u> ZIP + 4: <u>44114</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of FORM 1041 - Check here <input type="checkbox"/> 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 page 31 of the instructions)

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 MANAGEMENT FEES					2,981,111
b RENTAL INCOME					36,163
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	89,179	
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					2,154,779
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					165,590
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		89,179	5,337,643
105 TOTAL (add line 104, columns (B), (D), and (E))					5,426,822

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 page 32 of the instructions)

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 page 32 of the instructions)

(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 page 33 of the instructions)

- (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

Date 11/12/2003

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2002

Name of the organization

CLEVELAND HOUSING NETWORK

Employer identification number

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, OHIO 44114	EXEC DIR, 40+	99,766	0	0
PATRICK KENNEY 2999 PAYNE AVENUE CLEVELAND, OHIO 44114	COO, 40+	88,452	0	0
KATE MONTER DURBAN 2999 PAYNE AVENUE CLEVELAND, OHIO 44114	ASST DIR, 40+	76,650	0	0
ELIZABETH HERNANDEZ 2999 PAYNE AVENUE CLEVELAND, OHIO 44114	PR SVCS DIR, 40+	78,616	0	0
DEJUAN PERRYMOND 2999 PAYNE AVENUE CLEVELAND, OHIO 44114	MIS DIR, 40+	74,341	0	0
Total number of other employees paid over \$50,000	21			

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
G E CONSTRUCTION P O BOX 603478 CLEVELAND, OHIO 44103	CONTRACTING	357,630
GREATHOUSE HEATING & COOLING 2995 SHELburn ROAD AKRON, OHIO 44312	CONTRACTING	250,244
MULLINS CONSTRUCTION 447 HAZEL BEREA, OHIO 44017	CONTRACTING	225,979
MELA REMODELING P O BOX 18621 CLEVELAND HEIGHTS, OHIO 44118	CONTRACTING	211,761
E & M CONTRACTOR 14104 SAYBROOK CLEVELAND, OHIO 44105	CONTRACTING	209,618
Total number of others receiving over \$50,000 for professional services		

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 a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line 1 of 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 5 of the instructions)	
The organization is not a private foundation because it is (Please check only ONE applicable box)	
5 <input type="checkbox"/> A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)	
6 <input type="checkbox"/> A school Section 170(b)(1)(A)(ii) (Also complete Part V)	
7 <input type="checkbox"/> A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)	
8 <input type="checkbox"/> A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)	
9 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> A community trust Section 170(b)(1)(A)(vi) (Also complete the SUPPORT SCHEDULE in Part IV-A)	
12 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	7,896,163	9,188,353	8,226,038	7,594,458	32,905,012
16 Membership fees received					0
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	3,021,352	2,498,046	2,187,933	1,965,940	9,673,271
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	2,093,186	1,914,504	1,708,621	1,464,150	7,180,461
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	13,010,701	13,600,903	12,122,592	11,024,548	49,758,744
24 Line 23 minus line 17	9,989,349	11,102,857	9,934,659	9,058,608	40,085,473
25 Enter 1% of line 23	130,107	136,009	121,226	110,245	
26 ORGANIZATIONS DESCRIBED ON LINES 10 OR 11 a Enter 2% of amount in column (e), line 24					26a 801,709
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 1998 through 2001 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 40,085,473
d Add Amounts from column (e) for lines	18 7,180,461	19 0			
	22 0	26b 0			
e Public support (line 26c minus line 26d total)					26e 32,905,012
f PUBLIC SUPPORT PERCENTAGE (LINE 26E (NUMERATOR) DIVIDED BY LINE 26C (DENOMINATOR))					26f 82.09%
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					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
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					
(2001) _____ (2000) _____ (1999) _____ (1998) _____					
c Add Amounts from column (e) for lines	15 0	16 0			
	17 0	20 0	21 0		
d Add Line 27a total	0	and line 27b total	0		
e Public support (line 27c total minus line 27d total)					27e 0
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27f 0
g PUBLIC SUPPORT PERCENTAGE (LINE 27E (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27g 0.00%
h INVESTMENT INCOME PERCENTAGE (LINE 18, COLUMN (E) (NUMERATOR) DIVIDED BY LINE 27F (DENOMINATOR))					27h 0.00%
28 UNUSUAL GRANTS For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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)

		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)		
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 (See page 9 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

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		(a)	(b)
(The term "expenditures" means amounts paid or incurred)		Affiliated group totals	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	0 0
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0 0
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		
41		41	0 0
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0 0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	0 0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	0 0

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
 See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(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 Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 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

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0

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

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

<u>DESCRIPTION</u>	<u>AMOUNT</u>
ACQUISITION, REHAB, & CONSTRUCTION	1,721,501
HOUSEWARMING MATERIALS & LABOR	2,711,144
ELECTRIC WIRING	383,100
LEAD ABATEMENT	587,878
WATER CONSERVATION	1,916,829
FAMILY DEVELOPMENT	104,709
	<u>7,405,161</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	466,587	458,670	7,805	112
MAINTENANCE	48,833	21,244	26,199	1,390
INSURANCE	43,286	30,394	11,621	1,271
PROPERTY MANAGEMENT FEES	462,218	462,218		
REAL ESTATE TAXES	6,532	3,728	2,624	180
MISCELLANEOUS	399,600	200,302	192,146	7,152
	<u>1,427,056</u>	<u>1,176,556</u>	<u>240,395</u>	<u>10,105</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>BEGINNING</u>	<u>ENDING</u>
MORTGAGES RECEIVABLE	380,583	578,756
INTEREST RECEIVABLE - DEFERRED	6,863,884	7,878,417
	<u>7,244,447</u>	<u>8,457,173</u>

FORM 990, PART IV - LINE 65 - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING</u>	<u>ENDING</u>
DEFERRED INTEREST	380,000	380,000
	<u>380,000</u>	<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 1208 East 80th Street Cleveland, Ohio 44103-2204	Trustee Part Time	NONE	NONE	NONE
Joe Garcia (Emeritus) 1521 Wagar Lakewood OH 44107	Trustee Part Time	NONE	NONE	NONE
Gloria Jean Plnkney 17004 Miles Avenue Cleveland, Ohio 44128	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
Gall 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
Michael Flata 2027 West 38th Street Cleveland, OH 44113	Trustee Part Time	NONE	NONE	NONE
Carolynn Galloway 4223 East 98 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 (Emeritus) 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 8190 Cochran Rd Solon, Ohio 44139	Trustee Part Time	NONE	NONE	NONE
George Johnson 9930 Shale Avenue Cleveland, Ohio 44104	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
Margaret George 1325 Ansel Avenue Cleveland, Ohio 44128	Trustee Part Time	NONE	NONE	NONE
John Weiss 4855 North Sedgewick Road Lyndhurst, Ohio 44124	Trustee Part Time	NONE	NONE	NONE
Robyn Minter Smyers 3900 Key Center Cleveland Ohio 44114	Trustee Part Time	NONE	NONE	NONE
Raymond Cash, Jr 3146 East 123rd Street Cleveland Ohio 44120	Trustee Part Time	NONE	NONE	NONE
Bruce Murphy L. 127 Public Square Cleveland, Ohio 44105	Trustee Part Time	NONE	NONE	NONE
Nate Davis 1380 East 6th Street Cleveland Ohio 44114	Trustee Part Time	NONE	NONE	NONE

FORM 990, PART VI - LINE 80 -RELATED ORGANIZATIONS

NAME	TYPE
Houseco III Inc	NONEXEMPT
Houseco IV Inc	NONEXEMPT
Houseco V, Inc	NONEXEMPT
Houseco VI Inc	NONEXEMPT
Houseco VII, Inc	NONEXEMPT
Houseco VIII, Inc	NONEXEMPT
Houseco IX Inc	NONEXEMPT
Houseco X Inc	NONEXEMPT
Houseco XI, Inc	NONEXEMPT
Houseco XII Inc	NONEXEMPT
Houseco XIII Inc	NONEXEMPT
Houseco XIV Inc	NONEXEMPT
Houseco XV, Inc	NONEXEMPT
Houseco XVI Inc	NONEXEMPT
Houseco XVII Inc	NONEXEMPT
Houseco XVIII, Inc	NONEXEMPT
Houseco XIX Inc	NONEXEMPT
Houseco XX, Inc	NONEXEMPT
Network Restoration, Inc	NONEXEMPT
Infill I Inc	NONEXEMPT
Infill II Inc	NONEXEMPT
Infill III Inc	NONEXEMPT
Erievew Homes I Corp	NONEXEMPT
East Side Neighborhood Homes Inc	NONEXEMPT
West I Corporation	NONEXEMPT
Noah II LLC	NONEXEMPT

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 PURCHASED HOMES AT A COST 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	1	619
Houseco IV Inc 2999 Payne Avenue Cleveland, OH 44114	34-1883056	75 0%	Property Mgmt	12	93
Houseco V, Inc 2999 Payne Avenue Cleveland OH 44114	34-1883058	75 0%	Property Mgmt	-	(4)
Houseco VI, Inc 2999 Payne Avenue Cleveland OH 44114	34-1883081	75 0%	Property Mgmt	-	(15)
Houseco VII, Inc 2999 Payne Avenue Cleveland OH 44114	34-1883062	75 0%	Property Mgmt	(1)	(36)
Houseco VIII Inc 2999 Payne Avenue Cleveland, OH 44114	34-1883063	75 0%	Property Mgmt	(27)	(75)
Houseco IX Inc 2999 Payne Avenue Cleveland OH 44114	34-1883064	75 0%	Property Mgmt	(32)	369,923
Houseco X Inc 2999 Payne Avenue Cleveland OH 44114	34-1883065	75 0%	Property Mgmt	(34)	311 493
Houseco XI Inc 2999 Payne Avenue Cleveland, OH 44114	34-1883066	75 0%	Property Mgmt	(28)	848 749
Houseco XII, Inc 2999 Payne Avenue Cleveland OH 44114	34-1797722	76 8%	Property Mgmt	(33)	621,593
Houseco XIII, Inc 2999 Payne Avenue Cleveland OH 44114	34-1824876	100 0%	Property Mgmt	(219)	154 360
Houseco XIV Inc 2999 Payne Avenue Cleveland OH 44114	34-1843895	100 0%	Property Mgmt	(37)	(65 013)

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	(37)	76
Houseco XVI Inc 2999 Payne Avenue Cleveland OH 44114	34-1876274	100 0%	Property Mgmt	(34)	202 137
Houseco XVII, Inc 2999 Payne Avenue Cleveland OH 44114	34-1898787	100 0%	Property Mgmt	(28)	(248)
Houseco XVIII, Inc 2999 Payne Avenue Cleveland OH 44114	34-1938961	100 0%	Property Mgmt	(44 949)	(44 939)
Houseco XIX, Inc 2999 Payne Avenue Cleveland OH 44114	34-1963482	100 0%	Property Mgmt	(4 293)	(4 293)
Houseco XX, Inc 2999 Payne Avenue Cleveland, OH 44114	41-2062640	100 0%	Property Mgmt	-	-
Network Restoration, Inc 2999 Payne Avenue Cleveland OH 44114	34-1524244	100 0%	Property Mgmt	(44)	(9 259)
Infill I Inc 2999 Payne Avenue Cleveland, OH 44114	36-4025434	100 0%	Property Mgmt	(1,095)	14,419
Infill II, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1806129	52 0%	Property Mgmt	(1 436)	(6 460)
Infill III Inc 2999 Payne Avenue Cleveland OH 44114	02-0559951	100 0%	Property Mgmt	(4)	(5)
Erieview Homes I Corp 2999 Payne Avenue Cleveland, OH 44114	01-0607644	100 0%	Property Mgmt	(546)	(546)
East Side Neighborhood Homes Inc 2999 Payne Avenue Cleveland, OH 44114	13-4217057	100 0%	Property Mgmt	(100)	(100)
West I Corporation 2999 Payne Avenue Cleveland OH 44114	04-3735249	100 0%	Property Mgmt	(6)	53 660
				(52,970)	2,446,129

FORM 990, SCHEDULE A - PART III - LINE 2B

A CURRENT BOARD OF TRUSTEE MEMBER QUALIFIES UNDER THE ORGANIZATION S GUIDELINES AND IS A LEASE PURCHASER

FORM 990, SCHEDULE A - PART III - STATEMENT OF EXPLANATION REGARDING DETERMINING RECIPIENTS

IN ORDER TO RECEIVE THE BENEFITS OF THE ORGANIZATION 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)

Amistad Development Corporation
Buckeye Area Development Corporation
Burten Bell, Carr Development Corporation
Clark Metro Development Corporation
Detroit Shoreway Community Development Organization
Fairfax Renaissance Development Corporation
Famicos Foundation
Glenville Development Corporation
Mount Pleasant NOW Development Corporation
Northeast Shores Development Corporation
Ohio City Near West Development Corporation
St. Clair-Superior Neighborhood Development Association
Shaker Square Area Development Corporation
Slavic Village Development
Stockyards Redevelopment Organization
Tremont West Development Corporation
Union Miles Development Corporation
Westtown Community Development Corporation

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

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

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

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

Note: Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only ▶

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization <u>CLEVELAND HOUSING NETWORK</u>	Employer identification number 34 : <u>1346763</u>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <u>2999 PAYNE AVENUE SUITE 306</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <u>CLEVELAND, OHIO 44114</u>	

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 7-15, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year 2002 or
 ▶ tax year beginning , 20 .. , and ending , 20 ..

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0

Signature and Verification

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

Signature ▶ [Handwritten Signature] Title ▶ EXECUTIVE Director Date ▶ 3/25/03

- 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		Employer identification number
	Number, street, and room or suite no. If a P O box, see instructions		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions		

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 _____, 20__
- 5 For calendar year _____, 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 _____

- 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 ▶ _____ Title ▶ _____ Date ▶ _____

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 _____ Date _____

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

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)