

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)

2003

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2003 calendar year, or tax year beginning, 2003, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: Greater Albg Housing Partnership. D Employer identification number: 35-0412352. E Telephone number: (505) 244-1614. F Acctg. method: Cash, Accrual, Other.

H & I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If Yes, enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

J Organization type (check only one): 501(c)(3), 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. M Check if 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: 388,508

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

Table with columns for line number, description, and amount. Includes rows for Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Net rental income, Other investment income, Gross amount from sales, Special events, Gross sales of inventory, and Total revenue/expenses.

SCANNED SEP 21 2004

RECEIVED SEP 1 2 2004 OGDEN, UT

For Paperwork Reduction Act Notice, see the separate instructions

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22				
23	Specific assistance to individuals (attach schedule) . . .	23				
24	Benefits paid to or for members (attach schedule) . . .	24				
25	Compensation of officers, directors, etc . . . . .	25	61,640	49,312	12,328	
26	Other salaries and wages . . . . .	26	105,461	84,369	21,092	
27	Pension plan contributions . . . . .	27				
28	Other employee benefits . . . . .	28	20,204	16,163	4,041	
29	Payroll taxes . . . . .	29	14,119	11,295	2,824	
30	Professional fundraising fees . . . . .	30				
31	Accounting fees . . . . .	31				
32	Legal fees . . . . .	32				
33	Supplies . . . . .	33				
34	Telephone . . . . .	34	4,122	3,298	824	
35	Postage and shipping . . . . .	35				
36	Occupancy . . . . .	36	27,432	21,946	5,486	
37	Equipment rental and maintenance . . . . .	37				
38	Printing and publications . . . . .	38				
39	Travel . . . . .	39	3,659	2,927	732	
40	Conferences, conventions, and meetings . . . . .	40				
41	Interest . . . . .	41				
42	Depreciation, depletion, etc (attach schedule) . . #1.	42	2,427		2,427	
43	Other expenses not covered above (itemize) <b>a Project cost</b>	43a	124,906	124,906		
	<b>b Consultants &amp; contract</b>	43b	22,760	18,208	4,552	
	<b>c Miscellaneous</b>	43c	2,275	1,820	455	
	<b>d Insurance</b>	43d	3,567	2,854	713	
	<b>e</b>	43e				
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 . . . . .	44	392,572	337,098	55,474	0

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) 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 instructions)

What is the organization's primary exempt purpose? <b>Provide Affordable Housing</b>	Program Service Expenses (Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others)
<b>a</b> Raising the social and economic levels of New Mexico residents by providing affordable, safe and proper housing, and home ownership counseling (Grants and allocations \$ _____)	337,098
<b>b</b> _____ (Grants and allocations \$ _____)	
<b>c</b> _____ (Grants and allocations \$ _____)	
<b>d</b> _____ (Grants and allocations \$ _____)	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____)	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . .	337,098

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

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
ASSETS	45 Cash -- non-interest-bearing . . . . .	-3,837	45	1,699
	46 Savings and temporary cash investments . . . . .	374,750	46	376,705
	47a Accounts receivable . . . . .	47a 20,584		
	b Less: allowance for doubtful accounts . . . . .	47b	10,610	47c 20,584
	48a Pledges receivable . . . . .	48a		
	b Less: allowance for doubtful accounts . . . . .	48b	80,000	48c
	49 Grants receivable . . . . .	13,521	49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .			50
	51a Other notes and loans receivable (attach schedule) . . . . .	51a		
	b Less: allowance for doubtful accounts . . . . .	51b		51c
	52 Inventories for sale or use . . . . .			52
	53 Prepaid expenses and deferred charges . . . . .			53
	54 Investments -- securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55a Investments -- land, buildings, and equipment: basis . . . . .	55a		
	b Less: accumulated depreciation (attach schedule) . . . . .	55b		55c
	56 Investments -- other (attach schedule) . . . . .			56
	57a Land, buildings, and equipment: basis #2	57a 15,341		
	b Less: accumulated depreciation (attach schedule) . . . . .	57b 12,064	3,713	57c 3,277
58 Other assets (describe <input type="checkbox"/> See attachment #3 )		1,407,939	58 686,536	
59 Total assets (add lines 45 through 58) (must equal line 74)		1,886,696	59 1,088,801	
LIABILITIES	60 Accounts payable and accrued expenses . . . . .	4,661	60	5,784
	61 Grants payable . . . . .		61	
	62 Deferred revenue . . . . .		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			63
	64a Tax-exempt bond liabilities (attach schedule) . . . . .			64a
	b Mortgages and other notes payable (attach schedule) . . . . . #4		1,290,481	64b 495,527
	65 Other liabilities (describe <input type="checkbox"/> )			65
66 Total liabilities (add lines 60 through 65)		1,295,142	66 501,311	
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 . . . . .	511,554	67	587,490
	68 Temporarily restricted . . . . .	80,000	68	
	69 Permanently restricted . . . . .		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds . . . . .			70
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .			71
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .			72
	73 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) . . . . .	591,554	73	587,490
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,886,696	74	1,088,801	

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



Part VI Other Information (See Specific Instructions.)		Yes	No
76	Did the organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	80a	X
b	If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures See line 81 instructions. . . . . 81a N/A		
b	Did the organization file Form 1120-POL for this year? . . . . .	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	82a	X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) . . . . . 82b N/A		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications? . . . . .	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	84b	X
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? . . . . .	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	85b	X
	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		
c	Dues, assessments, and similar amounts from members . . . . . 85c N/A		
d	Section 162(e) lobbying and political expenditures . . . . . 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . . 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . . 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	85g	X
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? . . . . .	85h	X
86	501(c)(7) orgs Enter: a Initiation fees and capital contributions included on line 12 . . . . . 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities . . . . . 86b N/A		
87	501(c)(12) orgs Enter: a Gross income from members or shareholders . . . . . 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	88	X
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under: section 4911 ► N/A ; section 4912 ► N/A , section 4955 ► N/A		
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. . . . . ► N/A		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . ► N/A		
90a	List the states with which a copy of this return is filed ► <u>New Mexico</u>		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions) . . . . . 90b N/A		
91	The books are in care of ► <u>The Organization</u> Telephone no. ► <u>(505) 244-1464</u> Located at ► <u>110 2nd SW, Albq NM</u> ZIP + 4 ► <u>87102</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 Specific Instructions)

	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	
<b>93</b> Program service revenue:					
a Gain-Sale of Homes					24,367
b Bad debt recovery					85,000
c					
d					
e					
f Medicare/Medicaid payments . . .					
g Fees & contracts from govt. agencies					
<b>94</b> Membership dues & assessments . .					
<b>95</b> Interest on savings and temporary cash investments . . . . .			14	4,270	
<b>96</b> Dividends & interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property . . . .					
<b>98</b> Net rental income or (loss) from personal property . . . . .					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory . . . . .					
<b>101</b> Net income or (loss) from special events . . .					
<b>102</b> Gross profit/(loss) from sales of inventory .					
<b>103</b> Other revenue. a					
b					
c					
d					
e					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		4,270	109,367
<b>105</b> Total (add line 104, columns (B), (D), and (E))					113,637

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

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

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)
93a	Excess of Revenues over expenses of homes sold to qualified buyers

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

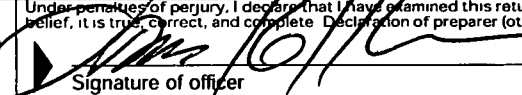
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

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

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

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

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

Please Sign  Signature of officer Date 8/30/04

Executive Director

Date <u>8-26-04</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W) <u>P00029856</u>
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**SCHEDULE A**  
(Form 990 or 990-EZ)

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2003**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information -- (See separate instructions.)**

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

Name of the organization: **Greater Albq Housing Partnership**  
Employer identification number: **85-0412352**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See 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 empl benefit plans & deferred compensation	(e) Expense account and other allowances
Louis Kolker 110 2nd SW, Albq NM 8	Exec Dir 50	61,640		
Total number of other employees paid over \$50,000 . . . . . ▶	1			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See 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
None		
Total number of others receiving over \$50,000 for professional services . . . . . ▶	1	

Part III Statements About Activities (See 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 ... ▶ \$ _____ (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
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

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

- The organization is not a private foundation because it is: (Please check only ONE applicable box.)
- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
  - 6  A school Section 170(b)(1)(A)(ii). (Also complete Part V.)
  - 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
  - 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
  - 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ \_\_\_\_\_
  - 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A.)
  - 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A.)
  - 11b  A community trust Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
  - 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions -- subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)
  - 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3) )

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

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

- 14  An organization organized and operated to test for public safety. Section 509(a)(4) (See 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	456,690	311,538	424,436	226,594	1,419,258
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose		3,375	4,192	2,925	10,492
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	7,459	6,793	16,026	19,132	49,410
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	41,760	3,259	4,469	2,487	51,975
<b>23</b> Total of lines 15 through 22	505,909	324,965	449,123	251,138	1,531,135
<b>24</b> Line 23 minus line 17	505,909	321,590	444,931	248,213	1,520,643
<b>25</b> Enter 1% of line 23	5,059	3,250	4,491	2,511	
<b>26</b> Organizations described on lines 10 or 11	<p><b>a</b> Enter 2% of amount in column (e), line 24</p> <p><b>b</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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.</p> <p><b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)</p> <p><b>d</b> Add: Amounts from column (e) for lines: 18 <u>49,410</u> 19 _____ 22 <u>51,975</u> 26b _____</p> <p><b>e</b> Public support (line 26c minus line 26d total)</p> <p><b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p><b>26a</b> 30,413</p> <p><b>26b</b></p> <p><b>26c</b> 1,520,643</p> <p><b>26d</b> 101,385</p> <p><b>26e</b> 1,419,258</p> <p><b>26f</b> 93.33 %</p>
<b>27</b> Organizations described on line 12	<p><b>a</b> 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:</p> <p>(2002) _____ (2001) _____ (2000) _____ (1999) _____</p> <p><b>b</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.</p> <p>(2002) _____ (2001) _____ (2000) _____ (1999) _____</p> <p><b>c</b> Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____</p> <p><b>d</b> Add: Line 27a total _____ and line 27b total _____</p> <p><b>e</b> Public support (line 27c total minus line 27d total)</p> <p><b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)</p> <p><b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p><b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p><b>27c</b></p> <p><b>27d</b></p> <p><b>27e</b></p> <p><b>27f</b></p> <p><b>27g</b> %</p> <p><b>27h</b> %</p>

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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 the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) PAGE 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.)		
	_____		
	_____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
	_____		
	_____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? . . . . .		
b	Admissions policies? . . . . .		
c	Employment of faculty or administrative staff? . . . . .		
d	Scholarships or other financial assistance? . . . . .		
e	Educational policies? . . . . .		
f	Use of facilities? . . . . .		
g	Athletic programs? . . . . .		
h	Other extracurricular activities? . . . . .		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
	_____		
	_____		
34a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
b	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .		

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

N/A

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

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e)) . . . . .				
47	Total lobbying expenditures . . . . .				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e)) . . . . .				
50	Grassroots lobbying expenditures . . . . .				

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers . . . . .			
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) . . . . .			

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



**Schedule of Land, Building & Equipment**

Attachment 2: page 1 - 990 Page 3, Part IV, Line 57a-c

<b>Open to Public Inspection</b>	For calendar year 2003 or tax period beginning _____, and ending _____
----------------------------------	--

<b>Name of Organization</b> Greater Albq Housing Partnership	<b>Employer Identification Number</b> 85-0412352
---	---

Description of Property	Cost or Other Basis	Accumulated Depreciation	Book Value	Fair Market Value (Form 990-PF only)
Furniture & Fixtures	15,341	12,064	3,277	
<b>Total</b>	<b>15,341</b>	<b>12,064</b>	<b>3,277</b>	

**Schedule of Other Assets**

Attachment 3: page 1 - 990 Page 3, Part IV, line 58

<b>Open to Public Inspection</b>	For calendar year 2003 or tax period beginning _____, and ending _____	
----------------------------------	--	--

<b>Name of Organization</b> Greater Albg Housing Partnership	<b>Employer Identification Number</b> 85-0412352
---	---

Description	End of Year Book Value	End of Year FMV (Form 990-PF Only)
Land & Intrastructure Held for Resale	613,170	
Mortgages Receivable	23,366	
Due from settlement	50,000	
<b>Page Totals</b>	<b>686,536</b>	
<b>Totals</b>	<b>686,536</b>	



**Schedule of Other Income**

Attachment 5: page 1 - Sch A Page 3, Part IV-A, Line 22

Open to Public Inspection	For calendar year 2003 or tax period beginning , and ending				
Name of Organization	Greater Albg Housing Partnership				Employer Identification Number 85-0412352
Description	(A) 2002	(B) 2001	(C) 2000	(D) 1999	(E) TOTAL
Misc	527	3,259	4,469	2,487	10,742
Sale of Houses	41,233				41,233
<b>PAGE TOTALS</b>	<b>41,760</b>	<b>3,259</b>	<b>4,469</b>	<b>2,487</b>	<b>51,975</b>
<b>TOTALS</b>	<b>41,760</b>	<b>3,259</b>	<b>4,469</b>	<b>2,487</b>	<b>51,975</b>



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.

Form fields for Name of Exempt Organization (Greater Albq Housing Partnership), Employer identification number (85-0412352), and address (110 Second St NW, Albuquerque NM 87102).

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

Form type selection checkboxes: Form 990 (checked), Form 990-EZ, Form 990-T, 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)...

4 I request an additional 3-month extension of time until 11-15, 2004.
5 For calendar year 2003, or other tax year beginning... and ending...
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: Waiting for audited figures needed for a complete & accurate return

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ 0
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ 0

Signature and Verification

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

Signature: Gary Benn, Title: CPA, Date: 8/9/04

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 a 3-month 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

EXTENSION APPROVED
AUG 13 2004
FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN

By: Director 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.

Name: Gary L. Benn, CPA, PC
Number and street (include suite, room, or apt. no.) Or a P.O. box number: 3200 Carlisle NE #212
City or town, province or state, and country (including postal or ZIP code): Albuquerque NM 87110