

Return of Organization Exempt from Income Tax

2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type See specific instructions. SAN DIEGO NEIGHBORHOOD HOUSING SERVICES, INC. 1820 S. ESCONDIDO BLVD #101 SAN DIEGO, CA 92025

D Employer Identification Number 95-3685889 E Telephone number 760.432.6878 F Accounting method: Cash, Accrual, Other (specify)

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? H(b) If 'Yes,' enter number of affiliates H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

G Web site: N/A

J Organization type (check only one): 501(c) 3 (insert no), 4947(a)(1) or 527

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

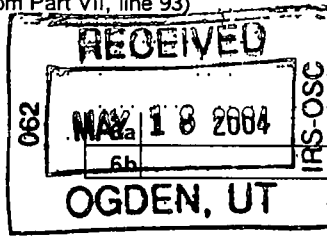
L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 171,879.

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

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes a 'RECEIVED' stamp from OGDEN, UT dated MAY 18 2004.

SCANNED JUN 07 '04

RECEIVED



22

22

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

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 (att sch) (cash \$ _____ non-cash \$ _____)	22			
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25			
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	364.	364.	
32	Legal fees	32			
33	Supplies	33			
34	Telephone	34	881.	881.	
35	Postage and shipping	35			
36	Occupancy	36			
37	Equipment rental and maintenance	37			
38	Printing and publications	38			
39	Travel	39			
40	Conferences, conventions, and meetings	40			
41	Interest	41	10,538.	10,538.	
42	Depreciation, depletion, etc (attach schedule)	42	6,000.	6,000.	
43	Other expenses not covered above (itemize)				
a	SEE STATEMENT 2	43a	90,842.	90,351.	491.
b	-----	43b			
c	-----	43c			
d	-----	43d			
e	-----	43e			
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	108,625.	108,134.	491. 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) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? <u>LOW INCOME AND TRANSITIONAL HOUSING</u>	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>VAN DYKE IS OWNED AND OPERATED BY SAN DIEGO NEIGHBORHOOD HOUSING SERVICES. IT IS A FOURTEEN UNIT APARTMENT COMPLEX IN SAN DIEGO, CALIFORNIA FOR QUALIFIED LOW INCOME TENANTS.</u> (Grants and allocations \$ _____)	108,134.
b ----- (Grants and allocations \$ _____)	
c ----- (Grants and allocations \$ _____)	
d ----- (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	108,134.

Part IV Balance Sheets (See 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	428,612.	363,518.
	46 Savings and temporary cash investments	29,199.	21,741.
	47 a Accounts receivable	5,658.	
	b Less: allowance for doubtful accounts		5,658.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		
	51 a Other notes & loans receivable (attach sch) SEE ST 3	2,498,433.	
	b Less: allowance for doubtful accounts		2,498,433.
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	8,112.	
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	
	55 a Investments — land, buildings, & equipment: basis		
b Less: accumulated depreciation (attach schedule)			
56 Investments — other (attach schedule)			
57 a Land, buildings, and equipment: basis	278,609.		
b Less: accumulated depreciation (attach schedule) STATEMENT 4	50,222.	228,387.	
58 Other assets (describe SEE STATEMENT 5)		206,188.	
59 Total assets (add lines 45 through 58) (must equal line 74)	2,708,932.	3,323,925.	
LIABILITIES	60 Accounts payable and accrued expenses	59,158.	465,098.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		
	64 a Tax-exempt bond liabilities (attach schedule)		
	b Mortgages and other notes payable (attach schedule) SEE STATEMENT 6	1,271,652.	1,599,701.
	65 Other liabilities (describe SEE STATEMENT 7)	50,230.	128,204.
66 Total liabilities (add lines 60 through 65)	1,381,040.	2,193,003.	
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	196,198.	24,501.
	68 Temporarily restricted		
	69 Permanently restricted	1,131,694.	1,106,421.
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
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)	1,327,892.	1,130,922.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	2,708,932.	3,323,925.	

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.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)			Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		
a Total revenue, gains, and other support per audited financial statements		171,879.	a Total expenses and losses per audited financial statements		108,625.
b Amounts included on line a but not on line 12, Form 990:			b Amounts included on line a but not on line 17, Form 990:		
(1) Net unrealized gains on investments . . . \$			(1) Donated services and use of facilities \$		
(2) Donated services and use of facilities . . \$			(2) Prior year adjustments reported on line 20, Form 990 \$		
(3) Recoveries of prior year grants . . . \$			(3) Losses reported on line 20, Form 990 . . \$		
(4) Other (specify):			(4) Other (specify):		
----- \$			----- \$		
Add amounts on lines (1) through (4)	b		Add amounts on lines (1) through (4)	b	
c Line a minus line b . . .	c	171,879.	c Line a minus line b	c	108,625.
d Amounts included on line 12, Form 990 but not on line a:			d Amounts included on line 17, Form 990 but not on line a:		
(1) Investment expenses not included on line 6b, Form 990. \$			(1) Investment expenses not included on line 6b, Form 990 . . . \$		
(2) Other (specify):			(2) Other (specify):		
----- \$			----- \$		
Add amounts on lines (1) and (2)	d		Add amounts on lines (1) and (2)	d	
e Total revenue per line 12, Form 990 (line c plus line d)	e	171,879.	e Total expenses per line 17, Form 990 (line c plus line d)	e	108,625.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
JACK MAWHINNEY 4089 FAIRMONT AVE SAN DIEGO, CA 92105	NONE	0.	0.	0.
MICHAEL SPRAGUE 4089 FAIRMONT AVE SAN DIEGO, CA 92105	SECRETARY/TREAS NONE	0.	0.	0.
SUE REYNOLDS 4089 FAIRMONT AVE SAN DIEGO, CA 92105	NONE	0.	0.	0.
STEVE SEIMERS 4089 FAIRMONT AVE SAN DIEGO, CA 92105	PRESIDENT NONE	0.	0.	0.
MAXINE SMITH 4089 FAIRMONT AVE SAN DIEGO, CA 92105	NONE	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No

If 'Yes,' attach schedule — see instructions.

Part VI Other Information (See 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
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
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?
81a Enter direct and indirect political expenditures. See line 81 instructions
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?
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12.
87 501(c)(12) organizations. Enter a Gross income from members or shareholders.
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?
89a 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under:
89b 501(c)(3) and 501(c)(4) organizations. 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?
90a List the states with which a copy of this return is filed
91 The books are in care of
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here..

Part VII Analysis of Income-Producing Activities (See 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 FEE INCOME					36,107.
b VAN DYKE					86,449.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	19,323.	
96 Dividends & 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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				19,323.	122,556.
105 Total (add line 104, columns (B), (D), and (E))					141,879.

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 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).
93	THE PROGRAM SERVICE REVENUE FUNDS ARE USED FOR DEVELOPMENT OF LOW INCOME HOUSING UNITS IN SAN DIEGO COUNTY.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

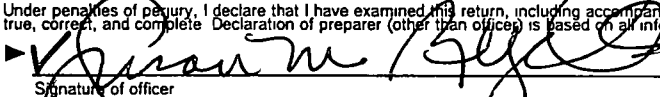
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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.

Please Sign:  Signature of officer Date: 5/10/04

Preparer's SSN or PTIN (see General Instruction W) R00095554

Date: 5/07/04

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No 1545 0047

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

2003

Supplementary Information — (See separate instructions.)

Department of the Treasury
Internal Revenue Service

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

Name of the organization **SAN DIEGO NEIGHBORHOOD HOUSING SERVICES, INC.** Employer identification number **95-3685889**

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 . . . ▶		0		

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services . . . ▶		0

Part III Statements About Activities (See instructions.)

	Yes	No
<p>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>N/A</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>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.</p>	1	X
<p>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.)</p> <p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>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.)</p>	3a	X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b	X
<p>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?</p>	4	X

Part IV Reason for Non-Private Foundation Status (See 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 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 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
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	121,439.	468,636.	705,050.	1,051,625.	2,346,750.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	65,856.	114,201.	32,187.	135,221.	347,465.
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.	23,541.	2,145.	48,026.	33,263.	106,975.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT. 8.		4,606.	3,623.	7,486.	15,715.
23 Total of lines 15 through 22.	210,836.	589,588.	788,886.	1,227,595.	2,816,905.
24 Line 23 minus line 17	144,980.	475,387.	756,699.	1,092,374.	2,469,440.
25 Enter 1% of line 23.	2,108.	5,896.	7,889.	12,276.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 49,389.
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					26b 108,244.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 2,469,440.
d Add. Amounts from column (e) for lines:	18	106,975.	19		
	22	15,715.	26b	108,244.	26d 230,934.
e Public support (line 26c minus line 26d total)					26e 2,238,506.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 90.65 %
27 Organizations described on line 12: N/A					
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:					
(2002) _____ (2001) _____ (2000) _____ (1999) _____					
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:					
(2002) _____ (2001) _____ (2000) _____ (1999) _____					
c Add. Amounts from column (e) for lines:	15		16		
	17	20	21		27c
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
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 instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A
 Yes No

		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.			
32a	a Records indicating the racial composition of the student body, faculty, and administrative staff?			
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
32d	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:			
33a	a Students' rights or privileges?			
33b	b Admissions policies?			
33c	c Employment of faculty or administrative staff?			
33d	d Scholarships or other financial assistance?			
33e	e Educational policies?			
33f	f Use of facilities?			
33g	g Athletic programs?			
33h	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?			
34b	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 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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term 'expenditures' means amounts paid or incurred.)															
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 —	41													
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is —</td> <td style="width: 50%;">The lobbying nontaxable amount is —</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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
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														
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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(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 instructions.)

N/A

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

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.

**STATEMENT 1
FORM 990, PART I, LINE 20
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

TRANSFER OF NET ASSETS TO COMM HOUSINGWORKS	\$ -260,224.
TOTAL	<u>\$ -260,224.</u>

**STATEMENT 2
FORM 990, PART II, LINE 43
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
MARKETING & LEASING	331.	331.		
OFFICE EXPENSE	4,085.	3,594.	491.	
OPERATING AND MAINT.	31,035.	31,035.		
OUTSIDE SERVICES	28,628.	28,628.		
OUTSIDE SERVICES BENEFITS	6,100.	6,100.		
TAXES & INSURANCE	4,097.	4,097.		
UTILITIES	16,566.	16,566.		
TOTAL	<u>\$ 90,842.</u>	<u>\$ 90,351.</u>	<u>\$ 491.</u>	<u>\$ 0.</u>

**STATEMENT 3
FORM 990, PART IV, LINE 51
OTHER NOTES AND LOANS RECEIVABLE**

NOTES AND LOANS REPORTED SEPARATELY	BALANCE DUE	DOUBTFUL ACCOUNTS ALLOWANCE
BORROWER'S NAME: CDGB REVOLVING LOAN		
BORROWER'S TITLE:		
DATE OF NOTE:		
MATURITY DATE:		
REPAYMENT TERMS: 10 TO 30 YEARS		
INTEREST RATE: 3.00%		
SECURITY PROVIDED:		
PURPOSE OF LOAN:		
BORROWER RELATIONSHIP:		
CONSIDERATION:		
CONSIDERATION FMV:		
ORIGINAL AMOUNT:		
BALANCE DUE:	\$ 158,345.	
DOUBTFUL ACCT. ALLOW.:		\$ 0.
 BORROWER'S NAME: NHSA		
BORROWER'S TITLE:		
DATE OF NOTE:		
MATURITY DATE:		
REPAYMENT TERMS: 10 TO 20 YEARS		
INTEREST RATE: 3.00%		
SECURITY PROVIDED:		
PURPOSE OF LOAN:		
BORROWER RELATIONSHIP:		
CONSIDERATION:		
CONSIDERATION FMV:		

STATEMENT 3 (CONTINUED)
FORM 990, PART IV, LINE 51
OTHER NOTES AND LOANS RECEIVABLE

ORIGINAL AMOUNT:
BALANCE DUE: \$ 208,160.
DOUBTFUL ACCT. ALLOW.: \$ 0.

BORROWER'S NAME: NRC
BORROWER'S TITLE:
DATE OF NOTE:
MATURITY DATE:
REPAYMENT TERMS: 5 TO 30 YEARS
INTEREST RATE:
SECURITY PROVIDED:
PURPOSE OF LOAN:
BORROWER RELATIONSHIP:
CONSIDERATION:
CONSIDERATION FMV:
ORIGINAL AMOUNT:
BALANCE DUE: \$ 730,390.
DOUBTFUL ACCT. ALLOW.: \$ 0.

BORROWER'S NAME: PRICE
BORROWER'S TITLE:
DATE OF NOTE:
MATURITY DATE:
REPAYMENT TERMS: 20 TO 30 YEARS
INTEREST RATE:
SECURITY PROVIDED:
PURPOSE OF LOAN:
BORROWER RELATIONSHIP:
CONSIDERATION:
CONSIDERATION FMV:
ORIGINAL AMOUNT:
BALANCE DUE: \$ 732,596.
DOUBTFUL ACCT. ALLOW.: \$ 0.

BORROWER'S NAME: SDHC
BORROWER'S TITLE:
DATE OF NOTE:
MATURITY DATE:
REPAYMENT TERMS: 10 TO 20 YEARS
INTEREST RATE:
SECURITY PROVIDED:
PURPOSE OF LOAN:
BORROWER RELATIONSHIP:
CONSIDERATION:
CONSIDERATION FMV:
ORIGINAL AMOUNT:
BALANCE DUE: \$ 292,042.
DOUBTFUL ACCT. ALLOW.: \$ 0.

BORROWER'S NAME: COMMUNITY HOUSING WORKS
BORROWER'S TITLE:
DATE OF NOTE:
MATURITY DATE:
REPAYMENT TERMS: 30 YEARS
INTEREST RATE:
SECURITY PROVIDED:
PURPOSE OF LOAN:
BORROWER RELATIONSHIP:

**STATEMENT 3 (CONTINUED)
FORM 990, PART IV, LINE 51
OTHER NOTES AND LOANS RECEIVABLE**

CONSIDERATION:
CONSIDERATION FMV:
ORIGINAL AMOUNT:
BALANCE DUE:
DOUBTFUL ACCT. ALLOW.:

\$ 376,900. \$ 0.

TOTAL NOTES AND LOANS REPORTED SEPARATELY \$ 2,498,433. \$ 0.

TOTAL NET RECEIVABLES \$ 2,498,433.

**STATEMENT 4
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT**

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
MACHINERY AND EQUIPMENT	\$ 5,223.	\$ 5,223.	\$ 0.
BUILDINGS	239,986.	44,999.	194,987.
LAND	33,400.		33,400.
TOTAL	\$ 278,609.	\$ 50,222.	\$ 228,387.

**STATEMENT 5
FORM 990, PART IV, LINE 58
OTHER ASSETS**

ACCRUED INTEREST RECEIVABLE	\$ 27,164.
HITH FUNDINGS	15,000.
INTERCOMPANY RECEIVABLES	65,024.
LOANS IN PROCESS	99,000.
TOTAL	\$ 206,188.

**STATEMENT 6
FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLE**

OTHER NOTES PAYABLE

LENDER'S NAME: NNSA
REPAYMENT TERMS: PAYABLE MONTHLY
INTEREST RATE: 3.00%
PURPOSE OF LOAN: TO FUND LOANS
DESC. OF CONSIDERATION: DEED OF TRUST
ORIGINAL AMOUNT: 5,720.
BALANCE DUE: \$ 208,160.

STATEMENT 6 (CONTINUED)
FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLE

OTHER NOTES PAYABLE

LENDER'S NAME:	PRICE	
REPAYMENT TERMS:	PAYABLE QUARTERLY	
INTEREST RATE:	5.00%	
PURPOSE OF LOAN:	TO FUND LOANS	
DESC. OF CONSIDERATION:	UNSECURED	
BALANCE DUE:		\$ 707,596.
LENDER'S NAME:	SD NEIGHBORHOOD HOUSING SVCS	
DATE OF NOTE:	1/31/1997	
MATURITY DATE:	9/30/2017	
REPAYMENT TERMS:	DUE AT MATURITY	
PURPOSE OF LOAN:	TO FUND LOANS	
DESC. OF CONSIDERATION:	DEED OF TRUST	
ORIGINAL AMOUNT:	100,000.	
BALANCE DUE:		\$ 100,000.
LENDER'S NAME:	SD NEIGHBORHOOD HOUSING SVCS	
DATE OF NOTE:	3/25/1998	
MATURITY DATE:	12/31/2019	
REPAYMENT TERMS:	DUE AT MATURITY	
PURPOSE OF LOAN:	TO FUND LOANS	
DESC. OF CONSIDERATION:	UNSECURED	
BALANCE DUE:		\$ 123,860.
LENDER'S NAME:	SD NEIGHBORHOOD HOUSING SVCS	
DATE OF NOTE:	3/23/1998	
MATURITY DATE:	12/31/2019	
REPAYMENT TERMS:	DUE AT MATURITY	
PURPOSE OF LOAN:	TO FUND LOANS	
DESC. OF CONSIDERATION:	UNSECURED	
BALANCE DUE:		\$ 122,560.
LENDER'S NAME:	SD NEIGHBORHOOD HOUSING SVCS	
DATE OF NOTE:	11/22/1995	
MATURITY DATE:	9/30/2017	
REPAYMENT TERMS:	DUE AT MATURITY	
PURPOSE OF LOAN:	TO FUND LOANS	
DESC. OF CONSIDERATION:	UNSECURED	
BALANCE DUE:		\$ 92,375.
LENDER'S NAME:	LA JOLLA BANK	
DATE OF NOTE:	4/01/1996	
MATURITY DATE:	5/01/2016	
REPAYMENT TERMS:	DUE AT MATURITY	
INTEREST RATE:	7.88%	
DESC. OF CONSIDERATION:	INVESTMENT IN VD APTS.	
BALANCE DUE:		\$ 63,150.

STATEMENT 6 (CONTINUED)
FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLE

OTHER NOTES PAYABLE

LENDER'S NAME:	SAN DIEGO HOUSING COMMISSION	
DATE OF NOTE:	5/07/1996	
MATURITY DATE:	5/07/2051	
REPAYMENT TERMS:	DUE AT MATURITY	
DESC. OF CONSIDERATION:	INVESTMENT IN VD APTS.	
ORIGINAL AMOUNT:	182,000.	
BALANCE DUE:		\$ 182,000.
		TOTAL \$ <u>1,599,701.</u>

STATEMENT 7
FORM 990, PART IV, LINE 65
OTHER LIABILITIES

ACCRUED EXPENSES		\$ 414.
DEFERRED REVENUE		435.
DUE TO CHNC		86,000.
FUNDS HELD IN TRUST		36,074.
SECURITY DEPOSITS		5,281.
		TOTAL \$ <u>128,204.</u>

STATEMENT 8
SCHEDULE A, PART IV-A, LINE 22
OTHER INCOME

DESCRIPTION	(A) 2002	(B) 2001	(C) 2000	(D) 1999	(E) TOTAL
OTHER INCOME	\$ 0.	\$ 4,606.	\$ 3,623.	\$ 7,486.	\$ 15,715.
TOTAL	\$ <u>0.</u>	\$ <u>4,606.</u>	\$ <u>3,623.</u>	\$ <u>7,486.</u>	\$ <u>15,715.</u>

Asset Depreciation Short Report - Sorted by - ASSET A/C#

Company: Van Dyke
 Method: 1 - FEDERAL Std Conv Applied
 Range: 1 - LAND - 3 - EQUIPMENT

Year End: 12/31/03
 File: G:\SWN\CLIENT
 Include: All assets

Page 1
 Date: 05/04/04
 Time: 13:01:44

Date Acq	Description	Meth/Life	Cost	Sec. 179	Depr Basis	Includes Section 179		
						Beg A/Depr	Curr Depr	End A/Depr
ASSET A/C#: 1 - LAND								
05/01/96	Land	LAND/ 7 00	33,400 00	0 00	33,400 00	0 00	0 00	0 00
Grand totals: 1 - LAND (1 assets)			33,400 00	0 00	33,400 00	0 00	0 00	0 00
ASSET A/C#: 2 - BUILDING								
05/01/96	Building	SL/40 00	239,985 00	0 00	239,985 00	38,999 00	5,999 63	44,998 63
Grand totals: 2 - BUILDING (1 assets)			239,985 00	0 00	239,985 00	38,999 00	5,999 63	44,998 63
ASSET A/C#: 3 - EQUIPMENT								
01/01/97	Equipment	SL/ 5 00	5,223 00	0 00	5,223 00	5,223 00	0 00	5,223 00
Grand totals: 3 - EQUIPMENT (1 assets)			5,223 00	0 00	5,223 00	5,223 00	0 00	5,223 00
Grand totals for all accounts: (3 assets)			278,608 00	0 00	278,608 00	44,222 00	5,999 63	50,221 63

Codes that may appear next to the date acquired include: A - Addition, D - Disposal, T - Traded, MQ - Mid Quarter Applied

Additional Summary Statistics for Assets:

	Cost	Current Year Section 179	Prior Year Section 179	Depreciable Basis	Beginning Accum. Depr.	Current Depreciation	Ending Accum. Depr.	Net Book Value
Grand Totals for all assets	278,608 00	0 00	0 00	278,608 00	44,222 00	5,999 63	50,221 63	228,386 37
Less: Inactive Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Disposed Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Traded Assets	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00
Net Totals (Active Assets)	278,608 00	0 00	0 00	278,608 00	44,222 00	5,999 63	50,221 63	228,386 37
Total Additional First Year Depreciation Taken at 30% Rate:				0 00				
Total Additional First Year Depreciation Taken at 50% Rate:				0 00				
Total Additional First Year Depreciation Taken at Both Rates:				0 00				