

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)

2004

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 2004 calendar year, or tax year beginning, and ending

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

C Name of organization: CLEVELAND HOUSING NETWORK. D Employer identification number: 34-1346763. E Telephone number: 216-574-7100. F Accounting method: Accrual.

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? No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? No
H(d) Is this a separate return filed by an organization covered by a group ruling? No

G Website: www.chnnet.com

J Organization type (check only one): 501(c)(3)

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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12: 19,382,830

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

SCANNED DEC 02 2005

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Table with 3 columns: Description, Sub-part, and Amount. Rows include Revenue (1-12), Expenses (13-17), and Net Assets (18-21).

Handwritten numbers: 013-15 15

**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 22 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 \$ 0 noncash \$ 0)	0	0		
23	Specific assistance to individuals (attach schedule)	8,153,533	8,153,533		
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc.	357,027	166,277	110,287	80,463
26	Other salaries and wages	4,164,439	3,872,336	220,208	71,895
27	Pension plan contributions	111,497	99,590	8,150	3,757
28	Other employee benefits	691,008	617,214	50,509	23,285
29	Payroll taxes	339,396	303,152	24,808	11,436
30	Professional fundraising fees	0			
31	Accounting fees	0			
32	Legal fees	0	0	0	0
33	Supplies	314,597	256,153	50,330	8,114
34	Telephone	164,071	152,016	10,492	1,563
35	Postage and shipping	64,796	52,948	10,176	1,672
36	Occupancy	186,008	142,208	38,122	5,678
37	Equipment rental and maintenance	0			
38	Printing and publications	0			
39	Travel	0			
40	Conferences, conventions, and meetings	0			
41	Interest	92,551	77,459	15,092	0
42	Depreciation, depletion, etc. (attach schedule)	76,483	34,457	42,026	0
43	Other expenses not covered above (itemize). a See Attached	1,913,443	1,725,979	102,047	85,417
b	Schedule	0			
c		0			
d		0			
e		0			
f		0			
44	<b>Total functional expenses</b> (add lines 22 through 43). <b>Organizations completing columns (B)-(D), carry these totals to lines 13-15</b>	16,628,849	15,653,322	682,247	293,280

**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 \$ 0, (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 25 of the instructions.)

What is the organization's primary exempt purpose? SEE ATTACHED SCHEDULE	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a WEATHERIZATION OF RESIDENTIAL PROPERTIES OWNED OR LEASED BY LOW INCOME RESIDENTS, THEREBY REDUCING THEIR UTILITY COSTS; PROVISION OF UTILITY BILL ASSISTANCE, LEAD AND MOLD ABATEMENT PROGRAMS, AND ENERGY CONSERVATION PROGRAMS TO LOW INCOME HOUSEHOLDS (Grants and allocations \$ )	8,233,607
b ACQUISITION, REHAB/CONSTRUCTION, AND MAINTENANCE OF RESIDENTIAL, INNER-CITY PROPERTIES; OPERATION OF LEASE-PURCHASE PROGRAM WITH SUBSIDIZED RENTS FOR LOW INCOME RESIDENTS; OPERATION OF PRIMARILY FIRST-TIME HOMEBUYER PROGRAM CREATING HOME OWNERSHIP OPPORTUNITIES FOR LOW & MODERATE INCOME FAMILIE (Grants and allocations \$ )	6,331,915
c FINANCIAL ASSISTANCE, SKILL DEVELOPMENT, JOB TRAINING, AND REFERRAL SERVICES TO ACHIEVE SELF-SUFFICIENCY AND TRANSITION FROM PUBLIS ASSISTANCE FOR LOW INCOME FAMILIES IN INNER-CITY NEIGHBORHOODS; COMPUTER TRAINING SKILLS AND PROVISION OF COMPUTER EQUIPMENT TO LOW INCOME RESIDENTS. (Grants and allocations \$ )	846,309
d	
(Grants and allocations \$ )	
e Other program services (attach schedule) (Grants and allocations \$ )	
f <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	15,411,831

**Part IV Balance Sheets** (See page 25 of the instructions.)

<b>Note:</b> 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	
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing . . . . .	3,783,033	<b>45</b>	4,291,208	
	<b>46</b> Savings and temporary cash investments . . . . .		<b>46</b>		
	<b>47 a</b> Accounts receivable . . . . .	4,396,808			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	0	5,616,500	<b>47c</b>	4,396,808
	<b>48 a</b> Pledges receivable . . . . .	0			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	0	0	<b>48c</b>	0
	<b>49</b> Grants receivable . . . . .		4,027,973	<b>49</b>	3,725,292
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	<b>50</b>	0
	<b>51 a</b> Other notes and loans receivable (attach schedule) . . . . .	35,402,342			
	<b>b</b> Less: allowance for doubtful accounts . . . . .	0	30,073,266	<b>51c</b>	35,402,342
	<b>52</b> Inventories for sale or use . . . . .		6,052,248	<b>52</b>	11,525,321
	<b>53</b> Prepaid expenses and deferred charges . . . . .		158,500	<b>53</b>	451,359
	<b>54</b> Investments—securities (attach schedule) . . . . .	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54</b>	0
	<b>55 a</b> Investments—land, buildings, and equipment: basis . . . . .	0			
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	0	0	<b>55c</b>	0
	<b>56</b> Investments—other (attach schedule) . . . . .		0	<b>56</b>	0
	<b>57 a</b> Land, buildings, and equipment: basis . . . . .	1,189,978			
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	463,711	1,814,174	<b>57c</b>	726,267
<b>58</b> Other assets (describe ▶ See Attached Schedule ) . . . . .		9,300,735	<b>58</b>	10,428,722	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74) . . . . .		60,826,429	<b>59</b>	70,947,319	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	11,345,247	<b>60</b>	1,774,610	
	<b>61</b> Grants payable . . . . .		<b>61</b>		
	<b>62</b> Deferred revenue . . . . .	1,342,204	<b>62</b>	1,733,013	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	<b>63</b>	0
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		34,006,160	<b>64b</b>	50,567,642
	<b>65</b> Other liabilities (describe ▶ DEFERRED INTEREST ) . . . . .		688,106	<b>65</b>	673,360
<b>66 Total liabilities</b> (add lines 60 through 65) . . . . .		47,381,717	<b>66</b>	54,748,625	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	<b>67</b> Unrestricted . . . . .	12,358,003	<b>67</b>	15,105,194	
	<b>68</b> Temporarily restricted . . . . .	311,709	<b>68</b>	268,500	
	<b>69</b> Permanently restricted . . . . .	775,000	<b>69</b>	825,000	
	<b>Organizations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/> and complete lines 70 through 74.				
	<b>70</b> Capital stock, trust principal, or current funds . . . . .			<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .			<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>72</b>	
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .		13,444,712	<b>73</b>	16,198,694	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73) . . . . .		60,826,429	<b>74</b>	70,947,319	

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See page 27 of the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	19,382,830
<b>b</b>	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	19,382,830
<b>d</b>	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d)	<b>e</b>	19,382,830

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	16,628,848
<b>b</b>	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): \$		
	Add amounts on lines (1) through (4)	<b>b</b>	0
<b>c</b>	Line a minus line b	<b>c</b>	16,628,848
<b>d</b>	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	<b>d</b>	0
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d)	<b>e</b>	16,628,848

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the 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 & deferred compensation	(E) Expense account and other allowances
Name SEE ATTACHED Str STATEMENT	Title			
City ST ZIP	Hr/WK	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			
Name Str	Title			
City ST ZIP	Hr/WK			

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 page 28 of the instructions.

Part VI Other Information (See page 28 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		
b	If "Yes," enter the name of the organization <b>SEE ATTACHED STATEMENT</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt.			
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0	
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	N/A	
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	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
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		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X	
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			NONE
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			N/A
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> OH			
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b		
91	The books are in care of <input type="checkbox"/> Name MARY C SAUNDERS Telephone no. <input type="checkbox"/> 216-574-7100 Located at <input type="checkbox"/> 2999 PAYNE AVENUE City <input type="checkbox"/> ST OH ZIP + 4 <input type="checkbox"/> 44114			
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 <input type="checkbox"/> 92 N/A			

**Part VII Analysis of Income-Producing Activities** (See page 33 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 SEE ATTACHED DESCRIPTION					4,683,648
b SEE ATTACHED DESCRIPTION					241,093
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	10,408	
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					2,160,342
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 SEE ATTACHED DESCR					335,397
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		10,408	7,420,480
105 Total (add line 104, columns (B), (D), and (E))					7,430,888

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 34 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 34 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	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 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).

Please 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 NOVEMBER 15, 2005

EXEC DIRECT

**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

**2004**

**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

Employer identification number

CLEVELAND HOUSING NETWORK

34-1346763

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

(See page 1 of the instructions List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name DEJUAN PERRYMOND Str 2999 PAYNE AVENUE City CLEVELAND ST OH Zip 44114 Country	Title DIR OF MIS Avg hr/wk 40+	81,230	2,437	
Name CHRISTOPHER HOLMES Str 2999 PAYNE AVENUE City CLEVELAND ST OH Zip 44114 Country	Title DIR. CONSTR. Avg hr/wk 40+	80,799	2,436	
Name ELIZABETH HERNANDEZ Str 2999 PAYNE AVENUE City CLEVELAND ST OH Zip 44114 Country	Title DIR. PROP.SER Avg hr/wk 40+	80,650	2,420	
Name DIANA HOLLY Str 2999 PAYNE AVENUE City CLEVELAND ST OH Zip 44114 Country	Title DIR. DEVELOP. Avg hr/wk 40+	67,492	2,025	
Name MICHAEL FAIT Str 2999 PAYNE AVENUE City CLEVELAND ST OH Zip 44114 Country	Title DIR. FAM.SERV. Avg hr/wk 40+	64,205	1,926	
Total number of other employees paid over \$50,000	26			

**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
Name RYSAR PROPERTIES Str 4317 CHESTER AVENUE City CLEVELAND ST OH ZIP 44106 Country Check here if a business <input checked="" type="checkbox"/>	BUILDER	4,346,325
Name TESCO BUILDERS Str 2324 LAKESIDE AVENUE City CLEVELAND ST OH ZIP 44114 Country Check here if a business <input checked="" type="checkbox"/>	BUILDER	4,139,013
Name SUTTON BUILDERS Str 2509 PROFESSOR AVENUE City CLEVELAND ST OH ZIP 44113 Country Check here if a business <input checked="" type="checkbox"/>	BUILDER	962,959
Name WAKE FOREST CONTRACTORS INC Str 3709 LEE ROAD City SHAKER HEIGHTS ST OH ZIP 44120 Country Check here if a business <input checked="" type="checkbox"/>	BUILDER	609,532
Name ABERDEEN INVESTMENTS, INC. Str 33606 HAWKSBURY COURT City AVON LAKE ST OH ZIP 44011 Country Check here if a business <input checked="" type="checkbox"/>	BUILDER	388,150
Total number of others receiving over \$50,000 for professional services	23	

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

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying activities, contributions, and credit counseling.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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

Provide the following information about the supported organizations (See page 5 of the instructions )

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above

- 14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions )

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns for Calendar year (or fiscal year beginning in) and rows (a) 2003, (b) 2002, (c) 2001, (d) 2000, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

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

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

NOT APPLICABLE

	Yes	No
<b>29</b> 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? . . . . .		
<b>30</b> 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? . . . . .		
<b>31</b> 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.) ..... ..... .....		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
<b>d</b> 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.) ..... .....		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .		
<b>b</b> Admissions policies? . . . . .		
<b>c</b> Employment of faculty or administrative staff? . . . . .		
<b>d</b> Scholarships or other financial assistance? . . . . .		
<b>e</b> Educational policies? . . . . .		
<b>f</b> Use of facilities? . . . . .		
<b>g</b> Athletic programs? . . . . .		
<b>h</b> Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ..... ..... .....		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
<b>b</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.		
<b>35</b> 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**

(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) . . . . .		
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		
38	Total lobbying expenditures (add lines 36 and 37) . . . . .	0	0
39	Other exempt purpose expenditures . . . . .		
40	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	0	0
41	Lobbying nontaxable amount Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		
	<b>The lobbying nontaxable amount is—</b>		
	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) . . . . .	0	0
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .	0	0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .	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) 2004	(b) 2003	(c) 2002	(d) 2001	(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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, a(ii) Other assets, b(i) Sales or exchanges of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement arrangements, b(v) Loans or loan guarantees, b(vi) Performance of services, and c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (with X checked in No)

b If "Yes," complete the following schedule

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

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

IN 2004, CLEVELAND HOUSING NETWORK ("CHN") ENGAGED IN TWO TYPES OF TRANSACTIONS WITH MEMBERS OF ITS BOARD OF DIRECTORS

1 ONE OF CHN'S PRINCIPAL CHARITABLE PROGRAMS IS ITS HOME LEASE PURCHASE PROGRAM, PURSUANT TO WHICH INDIVIDUALS LEASE A HOME FOR 15 YEARS WITH THE EXPECTATION THAT THEY WILL PURCHASE THE PROPERTY IN YEAR 16 AT A PRICE BELOW FAIR MARKET VALUE. THE PURPOSE OF THE PROGRAM IS TO INCREASE HOME OWNERS IN INNER CITY NEIGHBORHOODS IN GREATER CLEVELAND, AND THE TERMS AND CONDITIONS OF THE PROGRAM ALLOW INDIVIDUALS WHO LIKELY WOULD NOT QUALIFY FOR CONVENTIONAL MORTGAGE FINANCING TO ACHIEVE HOME OWNERSHIP TO QUALIFY FOR PARTICIPATION IN THE LEASE PURCHASE PROGRAM, AN INDIVIDUAL'S FAMILY INCOME MUST BE 60% OR LESS OF THE AMI (AREA MEDIAN INCOME).

CHN'S CODE OF REGULATIONS PROVIDES FOR THE INCLUSION ON ITS BOARD OF DIRECTORS OF TWO (2) INDIVIDUALS NOMINATED BY THE RESIDENTS ADVISORY COUNCIL, A COMMITTEE COMPRISED OF RESIDENTS OF THE NEIGHBORHOOD HOUSING MANAGED BY CHN. THE INDIVIDUALS NOMINATED BY THE RESIDENTS ADVISORY COUNCIL MUST THEMSELVES BE RESIDENTS OF CHN-MANAGED NEIGHBORHOOD HOUSING. IN THIS WAY, CHN ENSURES OPEN LINES OF COMMUNICATION BETWEEN CHN AND THE RESIDENTS OF THE NEIGHBORHOOD HOUSING CHN PROVIDES. IN ADDITION, CUYAHOGA COUNTY IMPOSES A REQUIREMENT ON CHN THAT A FORMERLY HOMELESS INDIVIDUAL OR FAMILY NOW PARTICIPATING IN ONE OF CHN'S PROGRAMS MUST BE INCLUDED AS A CHN BOARD MEMBER FOR CHN TO QUALIFY FOR COUNTY SUPPORT.

TWO INDIVIDUALS ON CHN'S BOARD NOMINATED BY THE RESIDENTS ADVISORY COUNCIL ARE PARTICIPANTS IN THE LEASE PURCHASE PROGRAM, AND ONE FORMERLY HOMELESS INDIVIDUAL ON CHN'S BOARD PARTICIPATES IN THE LEASE PURCHASE PROGRAM. IN 2004, TWO OF THESE INDIVIDUALS LEASE A HOME FROM CHN AND THE OTHER PURCHASED A HOME FROM CHN. THESE INDIVIDUALS PARTICIPATED IN THE LEASE PURCHASE PROGRAM ON THE SAME BASIS AS ANY MEMBER OF THE PUBLIC, AND THEY EACH HAVE FAMILY INCOME EQUAL TO OR LESS THAN 60% OF AMI.

2 ANOTHER TRANSACTION BETWEEN CHN AND A BOARD MEMBER INVOLVED A CHARITABLE CONTRIBUTION IN 2004 BY A BOARD MEMBER TO CHN OF INNER CITY REAL ESTATE THAT CHN THEN USED IN ITS CHARITABLE PROGRAMS. AT THE TIME OF CONTRIBUTION, THE PROPERTY HAD A MORTGAGE, AND CHN TOOK THE PROPERTY SUBJECT TO THE MORTGAGE. THE COUNTY TAX VALUE OF THE PROPERTY AT THE TIME OF CONTRIBUTION WAS \$48,000. CHN PAID BANK ONE, THE FINANCIAL INSTITUTION THAT HELD THE MORTGAGE, \$15,000 TO RELEASE THE MORTGAGE, AND THE BOARD MEMBER RECEIVED NO CASH OR OTHER VALUE IN CONNECTION WITH THE TRANSACTION. CHN'S CODE OF REGULATIONS ALSO REQUIRE THAT SOME MEMBERS OF ITS BOARD BE NOMINATED BY THE COMMUNITY DEVELOPMENT CORPORATIONS IN GREATER CLEVELAND ORGANIZED AND OPERATED FOR NEIGHBORHOOD REDEVELOPMENT AND THE DEVELOPMENT OF AFFORDABLE HOUSING FOR COMMUNITY RESIDENTS. THE BOARD MEMBER WHO MADE THE CONTRIBUTION TO CHN WAS A COMMUNITY DEVELOPMENT CORPORATION NOMINATED BOARD MEMBER.

IN EACH CASE, THE TRANSACTION WITH A CHN BOARD MEMBER INVOLVED A BOARD MEMBER NOMINATED BY, OR PLACED ON THE BOARD TO SATISFY A REQUIREMENT OF, A THIRD PARTY OUTSIDE THE CONTROL OF CHN.

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

IN ORDER TO RECEIVE THE BENEFITS OF THE ORGANIZATIONS' 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, PART II - LINE 23 - SPECIFIC ASSISTANCE TO INDIVIDUALS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
ACQUISITION, REHAB, & CONSTRUCTION	1,637,938
HOUSEWARMING MATERIALS & LABOR	3,348,559
ELECTRIC WIRING	408,522
LEAD ABATEMENT	213,185
UTILITY BILL ASSISTANCE, ENERGY AND WATER CONSERVATION	2,373,000
FAMILY DEVELOPMENT	172,329
	<u>8,153,533</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	391,646	391,646		
MAINTENANCE	233,463	225,064	7,310	1,089
LEGAL, ACCOUNTING, AUDIT AND CONSULTING FEES	521,393	366,754	80,613	74,026
INSURANCE	91,260	83,682	6,596	982
PROPERTY MANAGEMENT FEES	539,462	539,462		
REAL ESTATE TAXES	13,153	11,777	1,198	178
MISCELLANEOUS	123,066	107,594	6,330	9,142
	<u>1,913,443</u>	<u>1,725,979</u>	<u>102,047</u>	<u>85,417</u>

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ORGANIZATION OPERATES FOR THE PRIMARY PURPOSES OF ASSISTING LOW INCOME INDIVIDUALS AND REVITALIZING AND STABILIZING COMMUNITY NEIGHBORHOODS IT ACCOMPLISHES THESE CHARITABLE PURPOSES BY DEVELOPING AFFORDABLE HOMES FOR LOW AND MODERATE INCOME FAMILIES IN INNER-CITY NEIGHBORHOODS AND PROVIDING FAMILIES WITH PROGRAMS, FINANCIAL ASSISTANCE, TRAINING, AND SKILL DEVELOPMENT, IN PART, TO CREATE OPPORTUNITIES FOR LONG TERM HOME OWNERSHIP IN THESE NEIGHBORHOODS

FORM 990, PART IV - LINE 58 - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING</u>	<u>ENDING</u>
MORTGAGES RECEIVABLE	567,386	524,178
INTEREST RECEIVABLE - DEFERRED	8,733,349	9,904,544
	<u>9,300,735</u>	<u>10,428,722</u>

FORM 990, PART IV - LINE 65 - OTHER LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING</u>	<u>ENDING</u>
DEFERRED INTEREST	688,106	673,360
	<u>688,106</u>	<u>673,360</u>

## FORM 990, PART PART II, LINE 42 AND PART IV LINE 57b

PURCHASE			TOTAL	USEFUL	2004 DEPR	ACCUM	NET AT
DATE	DESCRIPTION	QUANTITY	COST	LIFE	EXPENSE	DEPRECI	12/31/04
08-Feb-96	Personal Computers/Rehab & Weather	5	8,054	5		8,054	-
14-Feb-96	Personal Computer/Family Services	1	1,264	5		1,264	-
14-Mar-96	Personal Computer/Rehab Machine	1	1,180	5		1,180	-
14-Mar-96	Personal Computers/1 Admin 2 Family Serv	3	4,037	5		4,037	-
15-Mar-96	Deskjet/Family Services	5	1,581	5		1,581	-
14-Mar-96	Personal Computer/Mark McDermott	2	2,496	5		2,496	-
10-Jul-96	Deskjet/Family Services	2	642	5		642	-
10-Jul-96	Personal Computer/Family Services	2	2,965	5		2,965	-
10-Sep-96	Personal Computers/Rehab	2	3,025	5		3,025	-
15-Oct-96	Deskjet/Rehab	3	967	5		967	-
29-Oct-96	Computer System/Deposit for property M	1	7,500	5		7,500	-
12-Nov-96	Personal Computers/Accounting Dept	2	3,682	5		3,682	-
20-Nov-96	Deskjets/Accounting Dept	2	612	5		612	-
22-Nov-96	Printer, Accounting, Rehab, Maintenance	3	990	5		990	-
11-Dec-96	Personal Computer Family Services	1	1,466	5		1,466	-
28-Jun-96	Intstallment payment for spacesaver file	1	4,315	7		4,315	-
11-Jul-96	Intstallment payment for spacesaver file	1	4,315	7		4,315	-
26-Jul-96	Name Plates and signage	1	817	7		817	-
29-Aug-96	Workstation with file, 60x60 panel	1	960	7		960	-
16-Sep-96	Intstallment payment for spacesaver file	1	4,315	7		4,315	-
25-Sep-96	Intstallment payment for spacesaver file	1	4,315	7		4,315	-
30-Sep-96	Intstallment payment for spacesaver file	1	4,315	7		4,315	-
18-Oct-96	Signs and Logo	1	749	7		749	-
31-Oct-96	Intstallment payment for spacesaver file	1	4,315	7		4,315	-
09-May-96	Down payment for workstations	43	7,800	7		7,800	-
09-May-96	Refrigerator	1	599	7		599	-
22-Jul-96	Deposit for cabinet and work spaces	1	2,720	7		2,720	-
28-May-96	Conference Table down payment	1	508	7		508	-
08-Sep-96	Work Stations with Files	1	960	7		960	-
29-May-96	Bookcases, cabinets, stack chairs	1	1,700	7		1,700	-
30-Sep-96	Payment for furniture from Delta	1	1,705	7		1,705	-
17-Jul-96	Conference Table, cabinets, storage	1	3,200	7		3,200	-
08-Oct-96	Chairs and other furniture	1	4,197	7		4,197	-
13-Oct-96	Name Plates and Signage	1	817	7		817	-
26-Nov-96	Chairs and other furniture	1	7,705	7		7,705	-
31-Oct-96	Filing System	1	6,473	7		6,473	-
12-Dec-96	Payment for Furniture	1	6,554	7		6,554	-
31-Dec-97	VGA Monitors	28	1,571	5		1,571	-
08-Dec-97	Laser Printers - various	3	3,745	5		3,745	-
08-Dec-97	Hardware upgrades - pc workstations	37	26,092	5		26,092	-
24-Nov-97	Mainframe Computer System Additions	1	6,731	5		6,731	-
21-Oct-97	Personal Computer - Data Processing	1	1,962	5		1,962	-
10-Jan-97	Personal Computer - Data Processing	1	2,264	5		2,264	-
23-Jan-97	Personal Computers - Accounting Dept	3	6,944	5		6,944	-
29-Jan-97	Rehab/Maintenance - Printer	1	1,114	5		1,114	-
06-Feb-97	Personal Computer - Data Processing	1	1,950	5		1,950	-
06-Feb-97	Personal Computer - Data Processing	1	2,832	5		2,832	-
13-Feb-97	Personal Computer/Rehab	1	4,462	5		4,462	-
20-Feb-97	File Server - Data Processing	1	8,808	5		8,808	-
27-Feb-97	Backup Computer - Data Processing	1	1,175	5		1,175	-
01-Apr-97	Personal Computer	1	2,140	5		2,140	-
21-Jul-97	Prnnter	1	1,358	5		1,358	-
21-Jul-97	Personal Computer - Janet Admin	1	1,847	5		1,847	-
28-Jul-97	Personal Computer/Water Conservation	1	2,169	5		2,169	-
12/97	G/L entry	1	1,990	7	142	1,990	-
12/29/98	Desktop Computer & Monitor	1	1,764	5		1,764	-
12/29/98	Desktop Computer & monitor	1	1,764	5		1,764	-
06-Jan-98	Hard Drive	1	955	5		955	-
13-Jan-98	18 Hour disk drive	1	2,746	5		2,746	-
08-Feb-98	Laserjet/Accounting	1	1,490	5		1,490	-
18-Feb-98	Personal Computer	1	1,673	5		1,673	-
18-Feb-98	Personal Computer	1	1,673	5		1,673	-
24-Feb-98	Personal Computer	1	3,149	5		3,149	-
24-Feb-98	Personal Computer	1	1,510	5		1,510	-
12-Mar-98	Deskjet	1	1,200	5		1,200	-
27-Apr-98	Digital Camera	1	1,212	5		1,212	-
15-May-98	Cisco - Ethernet Router	1	1,780	5		1,780	-
26-May-98	Netserver Memory	1	722	5		722	-
26-May-98	HP Netserver	1	4,459	5		4,459	-
27-May-98	VGA Monitor	2	590	5		590	-
27-May-98	Personal Computer	2	3,439	5		3,439	-
29-May-98	Scanner	1	1,266	5		1,266	-
06-Jun-98	Web Ramp	1	1,694	5		1,694	-
09-Jun-98	Computer Memory	3	653	5		653	-
12-Jun-98	Notebook Computer	1	3,392	5		3,392	-
12-Jun-98	Web Ramp	1	1,354	5		1,354	-
19-Jun-98	Tekram Motherboard	1	325	5		325	-
13-Jul-98	Notes Administration	1	651	5		651	-
13-Jul-98	Web Ramp	1	625	5		625	-

## FORM 990, PART PART II LINE 42 AND PART IV LINE 57b

PURCHASE		TOTAL	USEFUL	2004 DEPR	ACCUM	NET AT
DATE	DESCRIPTION	COST	LIFE	EXPENSE	DEPREC	12/31/04
22-Jul-98	Digital Camera	1,426	5		1,426	-
14-Aug-98	Personal Computer/ADMS-Lynn	5,858	5		5,858	-
18-Aug-98	Personal Computer/ADMS-Lonne	7,323	5		7,323	-
19-Aug-98	Monitor/ADMS-Lynn&Lonne	2,273	5		2,273	-
14-Aug-98	Personal Computer	1,510	5		1,510	-
05-Oct-98	Personal Computer	1,822	5		1,822	-
03-Nov-98	Personal Computer	4,777	5		4,777	-
09-Nov-98	Personal Computer	1,743	5		1,743	-
08-Dec-98	Ramp Networks	1,578	5		1,578	-
31-Dec-98	12/24 GB Dat DDS3 SCSI	1,275	5		1,275	-
02/23/99	Desktop Computer & Monitor	1,693	5	56	1,693	-
04/12/99	Desktop Computer Systems	3,935	5	197	3,935	-
12/30/99	Desktop Computer & Monitor	1,570	5	314	1,570	-
08/31/99	Desktop Computer	1,541	5	205	1,541	-
02/23/99	Desktop Computer & monitor	2,473	5	41	2,473	-
08/31/99	Printer	1,973	5	263	1,973	-
12/28/99	Desktop Computer & monitor	3,862	5	772	3,862	-
16-Mar-99	SQL Server V7 0	1,317	5	66	1,317	-
29-Mar-99	Bandwith	17,364	5	868	17,364	-
27-Apr-99	Procurve Switch 2424M	3,534	5	236	3,534	-
04-May-99	VPA150 LCD Panel Multimedia Machine	1,274	5	85	1,274	-
05-May-99	PWERMedia PC II	1,380	5	92	1,380	-
05-May-99	Nikon Coolpix 950 Digital Camera	856	5	57	856	-
08-Jun-99	Olympus Amenca Digital Camera	1,038	5	87	1,038	-
11-Aug-99	Universal Power supply	3,900	5	455	3,900	-
25-Aug-99	Warwick Communications system upgrade	23,523	5	3,136	23,523	-
09-Aug-99	Intel 400mhz pentium II computer system	1,197	5	140	1,197	-
18-Nov-99	HP Vectra VLI8 Workstation	1,379	5	253	1,379	-
27-Jan-99	Panasonic UF770 Facsimile	2,195	7	314	1,855	340
16-Jun-99	Coolit 1000 - 7500 btu portable a/c	1,776	7	254	1,395	381
18-Aug-99	Chairs and other furniture	148	7	3,714	19,810	6,190
05/10/00	Digital Camera	1,200	5	240	1,100	100
07/06/00	Desktop Computer & Monitor	1,590	5	318	1,431	159
11/21/00	Laptop	2,099	5	420	1,749	350
10-Feb-00	Vectra VL18 Computer w/ HP printer	1,946	5	389	1,913	32
29-Mar-00	HP Vectra VLI500 Computer	1,668	5	334	1,612	56
18-May-00	HP Vectra VL1500 Computer	1,464	5	293	1,367	98
08-Jun-00	HP Vectra VLI500 Computer	1,613	5	323	1,478	134
26-Jun-00	Benchmark	1,510	5	302	1,384	126
04-Aug-00	HP Dat 3c Surestore	1,265	5	253	1,117	148
27-Sep-00	HP Vectra VL 400 PC	1,697	5	339	1,471	226
02/15/01	Desktop Computer & Monitor	1,754	5	351	1,374	380
09/25/01	Desktop Computer & Monitor	1,780	5	356	1,157	623
07-May-01	Nikon Coolpix 990 Digital Camera	1,435	5	287	1,028	407
06-Mar-01	HP Brio BA410 Computer	2,273	5	455	1,705	568
31-Mar-01	Netserver Memory	3,664	5	733	2,748	916
19-Apr-01	HP OmniBook XE3 PIII800	2,409	5	482	1,766	642
31-Dec-01	IBM Netvista A22P Tower & Monitor	366	5	73	226	140
22-May-01	HP Brio BA410 Computer	3,124	5	625	2,291	833
25-Sep-01	HP Brio BA410	5,061	5	337	1,350	3,711
03-Jul-01	HP Brio BA410	2,513	5	251	1,005	1,508
09/17/02	Software	5,605	5	1,121	2,569	3,036
04-Oct-02	FM200 System	3,500	5	700	1,546	1,954
15-Feb-02	Cabling	3,311	5	662	1,876	1,435
27-Feb-02	Cabling, Speakers, hardware	6,094	5	1,219	3,453	2,641
27-Feb-02	Computer System and Monitor	26	5	6,107	17,302	13,231
29-Aug-02	Computer System and Monitor	15	5	1,902	4,438	5,072
08-Feb-02	Chairs and other furniture - TTC	108	7	1,087	3,171	4,439
09-Apr-02	Tech Center build out	1	3	6,667	18,333	1,667
01-Jan-03	FM200 System	1	5	899	1,348	3,145
03-Aug-03	Chairs and Office Furn - PM	various	7	4,711	7,066	25,910
05-Nov-03	CHN build out	1	3	2,207	3,310	3,310
29-Jul-04	Remove and replace carpet	1	7	493	493	7,793
12/30/99	Personal Computer	1	5	314	1,570	-
01/17/00	Personal Computer	1	5	288	1,417	24
04/10/00	Personal Computer	1	5	322	1,518	94
01/09/01	Personal Computer	1	5	326	1,304	326
01/13/01	Personal Computer	1	5	224	896	224
04/20/01	Personal Computer	1	5	382	1,433	478
02/06/01	Personal Computer	1	5	230	902	250
	Total Depreciation Expense & Accumulated Depreciation - 2004	555,822		48,768	462,726	93,095
	Amortization Expense - Mortgage Receivable	634,157		27,334	985	633,172
	Total Depreciation & Amortization Expense - 2004	1,189,979		76,102	463,711	726,267

## 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
<b>Alisa Townsend</b> 6100 Richmond Road Oakwood Village, Ohio 44146	Trustee  Part Time	NONE	NONE	NONE
<b>Maxine Scott</b> 2192 E 35th Street Cleveland, Ohio 44115	Trustee  Part Time	NONE	NONE	NONE
<b>Dave Bailey</b> 13610 Shaker Blvd #603 Cleveland, Ohio 44120	Trustee  Part Time	NONE	NONE	NONE
<b>Jose Estremera</b> 2500 MetroHealth Drive Cleveland, Ohio 44109	Trustee  Part Time	NONE	NONE	NONE
<b>Paul Ettore</b> 530 E Washington Street Chagrin Falls, Ohio 44022	Trustee  Part Time	NONE	NONE	NONE
<b>Kathryn Jackson</b> 2212 E 86th Street Cleveland, Ohio 44106	Trustee  Part Time	NONE	NONE	NONE
<b>John Weiss</b> 4855 N Sedgewick Road Lyndhurst, Ohio 44124	Trustee  Part Time	NONE	NONE	NONE
<b>William Newsome</b> 966 E 131st Street Cleveland, OH 44108	Trustee  Part Time	NONE	NONE	NONE
<b>Emily Jarratt</b> 920 E 185th Street Cleveland, Ohio 44119	Trustee  Part Time	NONE	NONE	NONE
<b>Anissa Broderick</b> 1743 W 32nd Street Cleveland, OH 44113	Trustee  Part Time	NONE	NONE	NONE
<b>William Tillman</b> 14113 Becket Road Shaker Heights, Ohio 44120	Trustee  Part Time	NONE	NONE	NONE
<b>Jerry Fears</b> 5393 St Clair Avenue Cleveland, OH 44103	Trustee  Part Time	NONE	NONE	NONE
<b>Krume Stojanovski</b> 7100 Broadway Avenue, #209 Cleveland, Ohio 44105	Trustee Board Treasurer Part Time	NONE	NONE	NONE
<b>Kimberly Collins</b> 7705 Clark Avenue Cleveland, Ohio 44102	Trustee  Part Time	NONE	NONE	NONE
<b>Ronnie Dunn</b> 17564 Wildwood Lane Cleveland, Ohio 44119	Trustee  Part Time	NONE	NONE	NONE
<b>Mark Evans</b> 1878 Oakmount Road South Euclid, Ohio 44122	Trustee  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
<b>Carolynn Galloway</b> 4223 E 96th Street Cleveland, Ohio 44105	Trustee Board President Part Time	NONE	NONE	NONE
<b>Loretta Hunter</b> 9813 Orleans Avenue Cleveland, Ohio 44105	Trustee  Part Time	NONE	NONE	NONE
<b>Martin Murphy</b> 1276 W 3rd Street, #409 Cleveland, Ohio 44113	Trustee  Part Time	NONE	NONE	NONE
<b>Frances Hunter</b> 18107 Hillgrove Avenue Cleveland, Ohio 44119	Trustee Board Vice-President Part Time	NONE	NONE	NONE
<b>William Riley</b> 16911 Talford Avenue Cleveland, OH 44128	Trustee  Part Time	NONE	NONE	NONE
<b>Peter Meisel</b> 6190 Cochran Road Solon, Ohio 44139	Trustee  Part Time	NONE	NONE	NONE
<b>Robyn Minter Smyers</b> 3900 Key Center, 127 Public Square Cleveland, Ohio 44114	Trustee Board Secretary Part Time	NONE	NONE	NONE
<b>Carol Friedman</b> 1206 E 80th Street Cleveland, Ohio 44103	Trustee  Part Time	NONE	NONE	NONE
<b>Nate Davis</b> 337 Woodbridge Glen Richmond Heights, Ohio 44143	Trustee  Part Time	NONE	NONE	NONE
<b>George Johnson</b> 9930 Shale Avenue Cleveland, Ohio 44104	Trustee  Part Time	NONE	NONE	NONE
<b>Joe Hagan</b> 120 Riverside Plaza, 15th Floor Chicago, Illinois 60606	Trustee  Part Time	NONE	NONE	NONE
<b>Margaret George</b> 1325 Ansel Avenue Cleveland, Ohio 44106	Trustee  Part Time	NONE	NONE	NONE
<b>Robert Curry</b> 14929 Scottsdale Road Shaker Heights, OH 44122	Executive Director 40+ Hours	110,397	3,312	NONE
<b>Patrick Kenney</b> 1065 South Green South Euclid, OH 44121	COO 40+ Hours	91,623	2,749	NONE
<b>Kathleen Monter Durban</b> 1310 West 106th Street Cleveland, OH 44102	Asst Director 40+ Hours	80,463	2,414	NONE
<b>Mary C. Saunders</b> 22940 Mastick Road Fairview Park, OH 44126	CFO 40+ Hours	74,544	2,236	NONE



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/03/2005	200521501082	DOMESTIC/AMENDED RESTATED ARTICLES (AMA)	50.00	.00	.00	.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

THOMPSON HINE LLP  
 ATTN:CAROL R. RUSSELL  
 10 W. BROAD ST.,#70C  
 COLUMBUS, OH 43215

**STATE OF OHIO  
 CERTIFICATE**

**Ohio Secretary of State, J. Kenneth Blackwell**

577435

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**CLEVELAND HOUSING NETWORK, INC.**

and, that said business records show the filing and recording of:

Document(s)  
**DOMESTIC/AMENDED RESTATED ARTICLES**

Document No(s):  
**200521501082**



United States of America  
 State of Ohio  
 Office of the Secretary of State

Witness my hand and the seal of the  
 Secretary of State at Columbus, Ohio  
 this 2nd day of August, A.D. 2005.

*J. Kenneth Blackwell*  
 Ohio Secretary of State



Prescribed by **J. Kenneth Blackwell**

Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

[www.state.oh.us/sos](http://www.state.oh.us/sos)

e-mail: [busserv@sos.state.oh.us](mailto:busserv@sos.state.oh.us)

<b>Expedite this Form:</b> (Select One)	
<b>Mail Form to one of the Following:</b>	
<input type="radio"/> Yes	PO Box 1390 Columbus, OH 43216 *** Requires an additional fee of \$100 ***
<input checked="" type="radio"/> No	PO Box 1028 Columbus, OH 43216

**Certificate of Amendment by  
Shareholders or Members**

*(Domestic)*

Filing Fee \$50.00

**(CHECK ONLY ONE (1) BOX)**

(1) Domestic for Profit	<b>PLEASE READ INSTRUCTIONS</b>		(2) Domestic Non-Profit
	<input type="checkbox"/> Amended (122-AMAP)	<input type="checkbox"/> Amendment (125-AMDS)	
			<input type="checkbox"/> Amendment (128-AMD)

**Complete the general information in this section for the box checked above.**

Name of Corporation Cleveland Housing Network, Inc.

Charter Number 577435

Name of Officer Robyn Minter Smyers

Title Secretary

Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

A meeting of the  shareholders  directors ( *non-profit amended articles only*)

members was duly called and held on July 27, 2005  
(Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise 78.6 % as the voting power of the corporation

In a writing signed by all of the  shareholders  directors (*non-profit amended articles only*)  
 members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

**Clause applies if amended box is checked.**

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto

All of the following information must be completed if an amended box is checked.  
If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: Cleveland Housing Network, Inc

SECOND: The place in the State of Ohio where its principal office is located is in the City of:

Cleveland Cuyahoga  
(city, village or township) (county)


THIRD: The purposes of the corporation are as follows.

The Corporation is organized and shall be operated exclusively for public charitable and educational purposes including assisting the poor and underprivileged and combating community deterioration by revitalizing, stabilizing, and strengthening community neighborhoods primarily in Greater Cleveland, in each case, through the development, management, and sale, directly or indirectly through other entities, of affordable housing, among other activities. The Corporation may engage in the following activities, among others, to carryout its charitable and educational purposes:

(See attached)

FOURTH: The number of shares which the corporation is authorized to have outstanding is. \_\_\_\_\_  
(Does not apply to box (2))

**REQUIRED**  
Must be authenticated  
(signed) by an authorized  
representative  
(See Instructions)

  
Authorized Representative

8/1/05  
Date

Robyn Minter Smyers  
(Print Name)  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print Name)  
\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL PROVISIONS TO  
2005 AMENDED AND RESTATED ARTICLES OF INCORPORATION  
OF  
CLEVELAND HOUSING NETWORK, INC.**

**Article Third, continued:**

1. Rehabilitating existing housing, developing new housing, and providing opportunities for affordable long-term home ownership;
2. Providing or arranging for financial and in-kind assistance to low-income families to acquire, maintain, and operate their homes;
3. Educating families about home ownership and the financial management required to support successful home ownership;
4. Developing or rehabilitating and managing affordable rental and lease-purchase housing for low-income families directly or through other entities structured to leverage resources and achieve charitable objectives;
5. Conducting weatherization, mold and lead abatement, and other similar programs to support safe and energy efficient homes for low-income families;
6. Providing skill development, job training, and referral services to allow low-income families to achieve self-sufficiency and transition from public assistance;
7. Coordinating the efforts, resources, and activities of neighborhood development corporations, nonprofit groups, governmental bodies, and others in the development of comprehensive housing and neighborhood redevelopment strategies in Greater Cleveland, Ohio;
8. Acquiring or receiving from any individuals, estates, associations, corporations, trusts, foundations, or other entities, or any governmental subdivision, unit, or agency, by deed, gift, purchase, bequest, devise, or otherwise, cash, securities, and other property, tangible or intangible, real or personal, and holding, managing, investing, reinvesting, distributing, and disbursing the income and/or principal thereof solely for the purposes identified in this Article THIRD; and

9. Doing whatever is deemed necessary, useful, advisable, or conducive, directly, or indirectly, to carry out any of the purposes of the Corporation described in this Article THIRD, including the exercise of all other authority enjoyed by corporations generally by virtue of the provisions of the Ohio Nonprofit Corporation Law.

The Corporation shall carry on only such activities as are consonant with the purposes set forth in this Article THIRD. No part of the net earnings of the Corporation shall inure to the benefit of any incorporator, member, or Director of the Corporation, or of any other private individual, except that the Corporation is authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in this Article THIRD. No substantial part of the activities of the Corporation shall consist of carrying on propaganda or otherwise attempting to influence legislation; and no activity of the Corporation shall consist of participating in, or intervening in (including the publishing or distributing of statements), any political campaign on behalf of, or in opposition to, any candidate for public office.

It is intended that the Corporation shall have the status of an organization: (i) that is exempt from federal income tax under Section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(3) of the Internal Revenue Code and that is other than a private foundation within the meaning of Section 509(a) of the Internal Revenue Code; (ii) to which contributions are deductible for federal income tax purposes under Section 170(c)(2) of the Internal Revenue Code; and (iii) to which gifts and bequests are deductible for federal gift and estate tax purposes, as long as such taxes apply. These Articles shall be construed, and all authority and activities of the Corporation shall be limited, accordingly.

#### **FOURTH.**

Intentionally left blank.

**FIFTH.** The qualifications for membership in the Corporation shall be as provided in the Code of Regulations of the Corporation.

**SIXTH.** The Corporation may be dissolved at a meeting held for the purpose of adopting a resolution of dissolution upon the affirmative vote of two-thirds (2/3rds) of the full number of Members of the Corporation or, without a meeting, by the written consent of all the Members. Upon the dissolution of the Corporation, the Board of Directors, after paying or making provision for the payment of all the liabilities of the Corporation, shall distribute all of the assets of the Corporation to such organizations described in Section 501(c)(3) of the Internal Revenue Code and organized and operated to advance charitable and educational purposes similar to the Corporation's purposes as the Board of Directors shall determine. If for any reason the Board of Directors fails to so distribute any such assets, the assets not so disposed of shall be distributed exclusively for charitable and educational purposes to such organizations described in Section 501(c)(3) of the Internal Revenue Code and organized and operated for charitable purposes similar to the Corporation's purposes as may be designated by the Court of Common Pleas of the county in which the principal office of the Corporation is then located.

**SEVENTH.** These Articles of Incorporation may be amended, or new Articles may be adopted (a) at a meeting of the Members held for that purpose, by the affirmative vote of a majority of the full number of Members of the Corporation, or (b) without a meeting, by the written consent of all the Members. A summary of the proposed amendments or modifications shall be provided to each Member at least fourteen (14) days in advance of the meeting at which such amendments or modifications will first be considered.

**EIGHTH.** All references in these Articles to Sections of the Internal Revenue Code shall be considered references to the Internal Revenue Code of 1986, as from time to time

amended, to the corresponding provisions of any similar law subsequently enacted, and to all regulations issued under such Sections and provisions.

**NINTH.** These Amended and Restated Articles of Incorporation supersede the existing Articles of Incorporation of the Corporation.

FORM 990, PART VI - LINE 80 -RELATED ORGANIZATIONS

**NAME**

Houseco VI, Inc  
 Houseco VII, Inc.  
 Houseco VIII, Inc.  
 Houseco IX, Inc  
 Houseco X, Inc  
 Houseco XI, Inc.  
 Houseco XII, Inc  
 Houseco XIII, Inc  
 Houseco XIV, Inc.  
 Houseco XV, Inc  
 Houseco XVI, Inc  
 Houseco XVII, Inc  
 Houseco XVIII, Inc  
 Houseco XIX, Inc.  
 Houseco XX, Inc  
 Houseco XXI, Inc.  
 Network Restoration, Inc  
 Infill I, Inc.  
 Infill II, Inc  
 Infill III, Inc  
 Erieview Homes I Corp  
 Erieview Homes II Corp  
 East Side Neighborhood Homes Corp  
 West I Corporation  
 Noah II LLC  
 Homeco Homes, Inc.  
 Erie Square Apartments II, Inc.  
 NHI, Inc

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

EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED

<u>LINE NO</u>	<u>IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT</u>
93A	SERVICE FEES RECEIVED IN CONNECTION WITH THE DEVELOPMENT, RENOVATION/ CONSTRUCTION AND MANAGEMENT OF LOW AND MODERATE INCOME INNER-CITY HOUSING.
93B	RENTAL INCOME FROM LOW AND MODERATE INCOME FAMILIES PARTICIPATING IN THE ORGANIZATION'S PROGRAMS TO PROVIDE AFFORDABLE HOUSING IN CITY NEIGHBORHOODS.
99	INTEREST EARNED ON LOW INTEREST LOANS MADE FOR THE CONSTRUCTION AND REHABILITATION OF LOW AND MODERATE INCOME INNER-CITY HOUSING
103	GAINS INCURRED ON SALES OF 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 VI, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1883061	75 0%	Property Mgmt	(3)	(15)
Houseco VII, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1883062	75 0%	Property Mgmt	(3)	(36)
Houseco VIII, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1883063	75 0%	Property Mgmt	(34)	(128)
Houseco IX, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1883064	75 0%	Property Mgmt	(38,615)	331,364
Houseco X, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1883065	75 0%	Property Mgmt	(46)	311,410
Houseco XI, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1883066	75 0%	Property Mgmt	(39,996)	808,718
Houseco XII, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1797722	76 8%	Property Mgmt	(50)	621,495
Houseco XIII, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1824876	100 0%	Property Mgmt	(285)	153,887
Houseco XIV, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1843895	100 0%	Property Mgmt	(62)	(65,125)
Houseco XV, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1854311	100 0%	Property Mgmt	(47)	(8)
Houseco XVI, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1876274	100 0%	Property Mgmt	(54)	202,037
Houseco XVII, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1898787	100 0%	Property Mgmt	(41)	(326)
Houseco XVIII, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1938961	100 0%	Property Mgmt	(41)	(45,004)
Houseco XIX, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1963482	100 0%	Property Mgmt	(38)	245,660
Houseco XX, Inc 2999 Payne Avenue Cleveland, OH 44114	41-2062640	100 0%	Property Mgmt	-	(40)
Houseco XXI, Inc 2999 Payne Avenue Cleveland, OH 44114	76-0752101	100 0%	Property Mgmt	-	(922)
Network Restoration, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1524244	100 0%	Property Mgmt	6,311	-

## 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
Infill I, Inc 2999 Payne Avenue Cleveland, OH 44114	36-4025434	100 0%	Property Mgmt	(1,309)	11,855
Infill II, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1806129	52 0%	Property Mgmt	(1,344)	(8,903)
Infill III, Inc 2999 Payne Avenue Cleveland, OH 44114	02-0559951	100 0%	Property Mgmt	-	(3,824)
Eneview Homes I Corp 2999 Payne Avenue Cleveland, OH 44114	01-0607644	100 0%	Property Mgmt	-	249,411
Eneview Homes II Corp 2999 Payne Avenue Cleveland, OH 44114	36-4511575	100 0%	Property Mgmt	-	-
East Side Neighborhood Homes, Inc 2999 Payne Avenue Cleveland, OH 44114	13-4217057	100 0%	Property Mgmt	-	(12,503)
West I Corporation 2999 Payne Avenue Cleveland, OH 44114	04-3735249	100 0%	Property Mgmt	(5)	53,650
Noah II LLC 2999 Payne Avenue Cleveland, OH 44114	01-0679346	50 0%	Property Mgmt	1,220	870
Erie Square Apartments II, Inc 2999 Payne Avenue Cleveland, OH 44114	14-1893981	100 0%	Property Mgmt	(6)	(6)
				(74,448)	2,853,517

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- 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.**

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

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 4720	

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **MARY SAUNDERS**  
Telephone No. **216-774-2335** FAX No. **216-574-7130**
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the **whole** group, check this box  . If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until 11/15/2005

**5** For calendar year 2004, 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 ADDITIONAL TIME REQUIRED TO FILE AN COMPLETE AND ACCURATE RETURN and file an accurate return.

**8 a** 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 [Signature] Title **ASSISTANT DIRECTOR** Date **8/15/2005**

**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 extended 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.

<b>Type or print</b>	Name <b>XXXXXXXXXXXXXX</b>	<b>EXTENSION APPROVED</b>  <b>AUG 30 2005</b>  DIRECTOR, SUBMISSION PROCESSING, OGDEN
	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)	