

Return of Organization Exempt From Income Tax

2005

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 2005 calendar year, or tax year beginning 2005, 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).

G Website: WWW.CHNNET.COM

J Organization type (check only one): X 501(c)(3) 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? Yes No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No. I Group Exemption Number. M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 20,834,255.

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

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income (describe STMT 1); 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

Revenue DEC 22 2005

POSTMARK RECEIVED NOV 15 '05 NOV 27 '05 IRS - OGDEN

Handwritten numbers 3-15 and 10

**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 the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)	11,046,707.	11,046,707.	STMT 2	
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	288,347.	250,690.	31,508.	6,149.
26	Other salaries and wages	4,245,924.	3,691,945.	463,515.	90,464.
27	Pension plan contributions	106,206.	92,360.	11,585.	2,261.
28	Other employee benefits	690,956.	600,807.	75,428.	14,721.
29	Payroll taxes	499,055.	433,935.	54,485.	10,635.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	344,984.	292,666.	47,304.	5,014.
34	Telephone	220,739.	203,371.	15,789.	1,579.
35	Postage and shipping				
36	Occupancy	194,256.	158,437.	32,563.	3,256.
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest	132,520.	110,972.	21,548.	
42	Depreciation, depletion, etc (attach schedule)	61,330.	30,643.	30,687.	
43	Other expenses not covered above (itemize)				
a	STMT 3	2,474,945.	2,226,651.	199,916.	48,378.
b					
c					
d					
e					
f					
g					
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	20,305,969.	19,139,184.	984,328.	182,457.

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 IV Balance Sheets (See the 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	
<b>Assets</b>	45 Cash - non-interest-bearing . . . . .	4,291,208.	45	2,911,978.	
	46 Savings and temporary cash investments . . . . .		46		
	47a Accounts receivable . . . . .	47a 6,784,641.			
	b Less allowance for doubtful accounts . . . . .	47b	4,396,808.	47c 6,784,641.	
	48a Pledges receivable . . . . .	48a			
	b Less allowance for doubtful accounts . . . . .	48b		48c	
	49 Grants receivable . . . . .		3,725,292.	49	2,836,319.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .			50	
	51a Other notes and loans receivable (attach schedule) . . . . .	51a 37,661,815.			
	b Less allowance for doubtful accounts . . . . .	51b	35,402,342.	51c	37,661,815.
	52 Inventories for sale or use . . . . .		11,525,321.	52	17,835,946.
	53 Prepaid expenses and deferred charges . . . . .		451,359.	53	571,296.
	54 Investments - securities (attach schedule) . . . . .	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a Investments - land, buildings, and equipment basis . . . . .	55a			
	b Less accumulated depreciation (attach schedule) . . . . .	55b		55c	
56 Investments - other (attach schedule) . . . . .			56		
57a Land, buildings, and equipment basis . . . . .	57a 1,443,025.				
b Less accumulated depreciation (attach schedule) . . . . .	57b 499,208.	726,267.	57c	943,817.	
58 Other assets (describe ▶ <u>STMT 5</u> )		10,428,722.	58	11,022,672.	
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		70,947,319.	59	80,568,484.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses . . . . .	1,774,610.	60	4,144,552.	
	61 Grants payable . . . . .		61		
	62 Deferred revenue . . . . .	1,733,013.	62	1,256,355.	
	63 Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .			63	
	64a Tax-exempt bond liabilities (attach schedule) . . . . .			64a	
	b Mortgages and other notes payable (attach schedule) . . . . .		50,567,642.	64b	57,800,234.
	65 Other liabilities (describe ▶ <u>STMT 6</u> )		673,360.	65	640,363.
66 <b>Total liabilities.</b> Add lines 60 through 65 . . . . .		54,748,625.	66	63,841,504.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines</b> 67 through 69 and lines 73 and 74				
	67 Unrestricted . . . . .		15,105,194.	67	15,673,480.
	68 Temporarily restricted . . . . .		268,500.	68	228,500.
	69 Permanently restricted . . . . .		825,000.	69	825,000.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and</b> complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds . . . . .			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund . . . . .			71	
	72 Retained earnings, endowment, accumulated income, or other funds . . . . .			72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) . . . . .		16,198,694.	73	16,726,980.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .		70,947,319.	74	80,568,484.



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 26
75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations
75d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column See the instructions )

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Row 1 contains dashes for all columns.

Part VI Other Information (See the instructions)

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? If "Yes," attach a conformed copy of the changes
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
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?
80b If "Yes," enter the name of the organization SEE ATTACHED and check whether it is [X] exempt or [X] nonexempt
81a Enter direct and indirect political expenditures (See line 81 instructions) NONE
81b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

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 Yes No 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 N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
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 N/A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs Enter a Gross income from members or shareholders 87a N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88 X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 NONE, section 4912 NONE, section 4955 NONE
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A
d Enter Amount of tax on line 89c, above, reimbursed by the organization N/A
90 a List the states with which a copy of this return is filed OH
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions) 90b 112
91 a The books are in care of MARY SMIGELSKI Telephone no 216-574-7100
Located at 2999 PAYNE AVENUE CLEVELAND, OH ZIP + 4 44114
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 91b Yes No X
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts
c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities (See 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 SERVICE FEES					4,969,502.
b RENTAL INCOME					249,129.
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	2,047.	
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					2,470,124.
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 LOSS ON SALE OF					-531,874.
c HOUSES					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				2,047.	7,156,881.
105 Total (add line 104, columns (B), (D), and (E))					7,158,928.

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 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)
7	STMT 7

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
STMT 8	%		-149,821.	2,169,324.
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)**

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

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

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

**Please Sign Here**

Signature of officer: Robert S. Curry Date: 11-15-06

Type or print name and title: ROBERT S. CURRY, EXECUTIVE DIRECTOR

---

**Paid Preparer's Use Only**

Preparer's signature: Alan J. Cohen CPA Date: 11/3/06 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: COHEN & COMPANY, LTD. EIN: 34-1912961

WWW.COHENCPA.COM 44115 Phone no: 800-229-1099

Preparer's SSN or PTIN (See Gen Inst W): P00012337

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

OMB No 1545-0047

**2005**

Name of the organization

**CLEVELAND HOUSING NETWORK**

Employer identification number

**34-1346763**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 9				
Total number of other employees paid over \$50,000 . . ▶	<b>23</b>			

**Part II-A 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
NONE		
Total number of others receiving over \$50,000 for professional services . . . . . ▶	<b>NONE</b>	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 10		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶	<b>NONE</b>	

<b>Part III Statements About Activities (See page 2 of the instructions)</b>		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) . . . . .		X
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			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property? . . . . . STMT. 11	X	
b	Lending of money or other extension of credit? . . . . .		X
c	Furnishing of goods, services, or facilities? . . . . .		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . 990 PART. V . . . . .	X	
e	Transfer of any part of its income or assets? . . . . .		X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) . . . . .		X
b	Do you have a section 403(b) annuity plan for your employees? . . . . .		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . .		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X

**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)
  - 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)(v) (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) Check the box that describes the type of supporting organization ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

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

14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)



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

NOT APPLICABLE

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

	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>29</b>	
<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>30</b>	
<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>31</b>	
<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>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
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>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>	
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>34a</b>	
<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>34b</b>	
<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 . . . . .	<b>35</b>	

**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) **NOT APPLICABLE**

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

<b>Limits on Lobbying Expenditures</b>		(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 - 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 16% 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 . \$226,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .	44	

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

**4-Year Averaging Period Under Section 501(h)**

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

Calendar year (or fiscal year beginning in) ▶	<b>Lobbying Expenditures During 4-Year Averaging Period</b>				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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 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:	Yes	No	Amount
a Volunteers . . . . .		X	
b Paid staff or management (include compensation in expenses reported on lines c through h) . . . . .		X	
c Media advertisements . . . . .		X	NONE
d Mailings to members, legislators, or the public . . . . .		X	NONE
e Publications, or published or broadcast statements . . . . .		X	NONE
f Grants to other organizations for lobbying purposes . . . . .		X	NONE
g Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .		X	NONE
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	NONE
i Total lobbying expenditures (Add lines c through h.) . . . . .			NONE

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



FORM 990, PART I - OTHER INVESTMENT INCOME

DESCRIPTION

AMOUNT

INTEREST INCOME - AFFILIATED ENTITIES

2,470,124.

TOTAL

2,470,124.

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS  
=====

DESCRIPTION -----	PROGRAM SERVICES -----
HOUSEWARMING MATERIALS AND LABOR	3,277,789.
ELECTRIC WIRING MATERIALS AND LABOR	560,182.
LEAD RELOCATION AND ABATEMENT	803,067.
ENERGY ASSISTANCE AND WATER CONSERVATION	2,991,153.
FAMILY DEVELOPMENT	691,871.
CONSTRUCTION REHAB	2,722,645.
TOTALS	----- 11046707. =====

## FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CONTRACT MATERIALS	604,968.	604,968.		
MAINTENANCE	271,332.	264,762.	5,973.	597.
INSURANCE	137,696.	122,934.	13,420.	1,342.
PROPERTY MANAGEMENT FEES	539,501.	539,501.		
REAL ESTATE TAX	32,432.	31,504.	844.	84.
MISCELLANEOUS	71,528.	62,207.	3,898.	5,423.
PROFESSIONAL FEES	565,138.	348,425.	175,781.	40,932.
LOSS ON COLLECTION OF NOTE REC	252,350.	252,350.		
TOTALS	2,474,945.	2,226,651.	199,916.	48,378.

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 - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE
MORTGAGES RECEIVABLE	514,529.
INTEREST RECEIVABLE	10,508,143.
TOTALS	11,022,672.

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEFERRED INTEREST	640,363.
TOTALS	----- 640,363. =====

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
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.
103	LOSSES INCURRED ON SALES OF HOUSING TO LOW TO MODERATE INCOME RESIDENTS.

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
SEE ATTACHMENT			-149,821.	2,169,324.

TOTAL INCOME

-----  
 -149,821.  
 =====

-----  
 2,169,324.  
 =====

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES
 

---

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
MARY C. SAUNDERS 22940 MASTICK ROAD FAIRVIEW PARK, OH 44126	CFO 40+HOURS	77,877.	2,336.	NONE
DIANA HOLLY 2999 PPAYNE AVENUE CLEVELAND, OH 44114	DIR. DEVELOPMENT 40+HOURS	75,466.	2,264.	NONE
ROGER THOMAS 2999 PAYNE AVENUE CLEVELAND, OH 44114	SALES AND MKTG DIR 40+HOURS	75,475.	2,264.	NONE
ELIZABETH HERNANDEZ 296 E. 214 EUCLID, OH 44123	DIRECTOR OF PROP SER 40+HOURS	92,540.	2,776.	NONE
DEJUAN PERRYMOND 26086 BENTON AVENUE EUCLID, OH 44132	DIRECTOR OF IT 40+HOURS	82,396.	2,472.	NONE
TOTAL COMPENSATION		403,754.	12,112.	NONE

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.  
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
LACHOWICZ RENOVATIONS 1590 GRAVE AVE UP CLEVELAND, OH 44107	BUILDER	149,069.
OHIO INSULATION 12506 EDGEWATER DRIVE CLEVELAND, OH 44107	BUILDER	156,437.
E & M CONTRACTOR 7205 BRIDLEWOOD DRIVE PAINESVILLE, OH	BUILDER	172,243.
MULLINS CONSTRUCTION P.O. BOX 200 BEREA, OH 44017	BUILDER	272,525.
G E CONSTRUCTION CO. 11107 ASHBURY AVE APT 2 CLEVELAND, OH 44113	BUILDER	278,049.
		-----
	TOTAL COMPENSATION	1,028,323. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2A

=====  
SEE ATTACHMENT

EIN 34-1346763  
FYE

FORM 990, PART II, LINE 42 AND PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land		NONE	NONE	
Land Improvements				
Buildings	753,229.			753,229.
Leasehold Improvements				
Equipment	689,796.	61,330.	499,208.	190,588.
Furniture & Fixtures				
Property, Plant & Equipment	<u>1,443,025.</u>	<u>61,330.</u>	<u>499,208.</u>	<u>943,817.</u>
Construction in Progress		NONE	NONE	
Total Fixed Assets, line 57	<u>1,443,025.</u>		<u>499,208.</u>	<u>943,817.</u>
Total Depreciation Expense, line 42		<u>61,330.</u>		

NOTE Depreciation is calculated using the straight-line method over the estimated useful life of the asset

FORM 990, PART VI - LINE 80 - RELATED ORGANIZATIONSNAME

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  
Erievew Homes I Corp  
Erievew Homes II Corp  
East Side Neighborhood Homes Corp  
West I Corporation  
Noah II LLC  
Homeco Homes, Inc  
Erie Square Apartments II, Inc  
NHI, Inc  
Stockyard Homes I, Inc  
Emerald Alliance II, Inc  
Houseco XXII, Inc  
Carver Associates LLC

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS & EXPENSE ACCOUNT AND OTHER ALLOWANCES		
		COMPENSATION	DEFERRED COMPENSATION	
Alisa Townsend 2999 Payne Avenue Cleveland, Ohio 44114	Trustee Part Time	NONE	NONE	NONE
Maxine Scott 2999 Payne Avenue Cleveland, Ohio 44114	Trustee Part Time	NONE	NONE	NONE
Dave Bailey 2999 Payne Avenue Cleveland, Ohio 44114	Trustee Part Time	NONE	NONE	NONE
Terrance McClain 2999 Payne Avenue Cleveland, Ohio 44114	Trustee Part Time	NONE	NONE	NONE
Paul Ettore 2999 Payne Avenue Cleveland, Ohio 44114	Trustee Part Time	NONE	NONE	NONE
Kathryn Jackson 2999 Payne Avenue Cleveland, Ohio 44114	Trustee Part Time	NONE	NONE	NONE
John Weiss 2999 Payne Avenue Cleveland, Ohio 44114	Trustee Part Time	NONE	NONE	NONE
William Newsome 2999 Payne Avenue Cleveland, Ohio 44114	Trustee Part Time	NONE	NONE	NONE
Laura Lee Martin 2999 Payne Avenue Cleveland, Ohio 44114	Trustee Part Time	NONE	NONE	NONE
Maxine Green 2999 Payne Avenue Cleveland, Ohio 44114	Trustee Part Time	NONE	NONE	NONE
William Tillman 2999 Payne Avenue Cleveland, Ohio 44114	Trustee Part Time	NONE	NONE	NONE
Robert M. Brias 2999 Payne Avenue Cleveland, Ohio 44114	Trustee Part Time	NONE	NONE	NONE
Krume Stojanovski 2999 Payne Avenue Cleveland, Ohio 44114	Trustee Board Treasurer Part Time	NONE	NONE	NONE
John Schoeniger 2999 Payne Avenue Cleveland, Ohio 44114	Trustee Part Time	NONE	NONE	NONE
Mark Evans 2999 Payne Avenue Cleveland, Ohio 44114	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	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS &		
		COMPENSATION	DEFERRED COMPENSATION	EXPENSE ACCOUNT AND OTHER ALLOWANCES
Carolynn Galloway 2999 Payne Avenue Cleveland, Ohio 44114	Trustee Board President Part Time	NONE	NONE	NONE
Loretta Hunter 2999 Payne Avenue Cleveland, Ohio 44114	Trustee Resident - LP Partnership Part Time	NONE	NONE	NONE
Frances Hunter 2999 Payne Avenue Cleveland, Ohio 44114	Trustee Board Vice-President Part Time	NONE	NONE	NONE
William Riley 2999 Payne Avenue Cleveland, Ohio 44114	Trustee  Part Time	NONE	NONE	NONE
Peter Meisel 2999 Payne Avenue Cleveland, Ohio 44114	Trustee  Part Time	NONE	NONE	NONE
Robyn Minter Smyers 2999 Payne Avenue Cleveland, Ohio 44114	Trustee Board Secretary Part Time	NONE	NONE	NONE
Carol Friedman 2999 Payne Avenue Cleveland, Ohio 44114	Trustee  Part Time	NONE	NONE	NONE
Nate Davis 2999 Payne Avenue Cleveland, Ohio 44114	Trustee  Part Time	NONE	NONE	NONE
George Johnson 2999 Payne Avenue Cleveland, Ohio 44114	Trustee Resident - LP Partnership Part Time	NONE	NONE	NONE
Joe Hagan 2999 Payne Avenue Cleveland, Ohio 44114	Trustee  Part Time	NONE	NONE	NONE
Margaret George 2999 Payne Avenue Cleveland, Ohio 44114	Trustee  Part Time	NONE	NONE	NONE
Robert Curry 2999 Payne Avenue Cleveland, Ohio 44114	Executive Director 40+ Hours	111,870	3,356	NONE
Patnck Kenney 2999 Payne Avenue Cleveland, Ohio 44114	COO 40+ Hours	92,896	2,787	NONE
Kathleen Monter Durban 2999 Payne Avenue Cleveland, Ohio 44114	Asst Director 40+ Hours	83,581	2,507	NONE
		288,347	8,650	NONE

## 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	(1,281)	10,614
Infill II, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1806129	52 0%	Property Mgmt	(1,881)	(10,718)
Infill III, Inc 2999 Payne Avenue Cleveland, OH 44114	02-0559951	100 0%	Property Mgmt	(11)	(4,136)
Ereview Homes I Corp 2999 Payne Avenue Cleveland, OH 44114	01-0607644	100 0%	Property Mgmt	(18)	(249,394)
Ereview Homes II Corp 2999 Payne Avenue Cleveland, OH 44114	36-4511575	100 0%	Property Mgmt	0	0
East Side Neighborhood Homes, Inc 2999 Payne Avenue Cleveland, OH 44114	13-4217057	100 0%	Property Mgmt	(10)	(12,513)
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	0	(34,476)
Erie Square Apartments II, Inc 2999 Payne Avenue Cleveland, OH 44114	14-1893981	100 0%	Property Mgmt	(6)	(6)
Homeco Homes 2999 Payne Avenue Cleveland, OH 44114	20-1210923	100 0%	Property Mgmt	0	0
Stockyard Homes I, Inc 2999 Payne Avenue Cleveland, OH 44114	20-3185289	100 0%	Property Mgmt	(2,000)	(2,000)
Emerald Alliance II, Inc 2999 Payne Avenue Cleveland, OH 44114	20-3185147	100 0%	Property Mgmt	0	0
Houseco XXII, Inc 2999 Payne Avenue Cleveland, OH 44114	41-2062640	100 0%	Property Mgmt	0	0
Carver Associates LLC 2999 Payne Avenue Cleveland, OH 44114	03-0454329	100 0%	Property Mgmt	0	0
				<u>(149,821)</u>	<u>2,169,324</u>

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

IN 2005, 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 2005, 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.

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 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 VII, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1883062	76 0%	Property Mgmt	0	(36)
Houseco VIII, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1883063	75 0%	Property Mgmt	24	(104)
Houseco IX, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1883064	75 0%	Property Mgmt	(68,790)	262,474
Houseco X, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1883065	75 0%	Property Mgmt	(44)	311,364
Houseco XI, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1883066	75 0%	Property Mgmt	(34)	808,686
Houseco XII, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1797722	76 8%	Property Mgmt	(44)	621,454
Houseco XIII, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1824876	100 0%	Property Mgmt	(213)	153,690
Houseco XIV, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1843895	100 0%	Property Mgmt	(46)	(65,163)
Houseco XV, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1854311	100 0%	Property Mgmt	(43)	(49)
Houseco XVI, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1876274	100 0%	Property Mgmt	(46)	201,992
Houseco XVII, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1898787	100 0%	Property Mgmt	(32)	(358)
Houseco XVIII, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1938961	100 0%	Property Mgmt	(38)	(45,042)
Houseco XIX, Inc 2999 Payne Avenue Cleveland, OH 44114	34-1963482	100 0%	Property Mgmt	(34)	245,626
Houseco XX, Inc 2999 Payne Avenue Cleveland, OH 44114	41-2062640	100 0%	Property Mgmt	(48)	(88)
Houseco XXI, Inc 2999 Payne Avenue Cleveland, OH 44114	76-0752101	100 0%	Property Mgmt	(75,221)	(76,143)

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

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

**Form 990-T corporations** requesting an automatic 6-month extension—check this box and complete Part I only   
*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization CLEVELAND HOUSING NETWORK, INC.	Employer identification number 34-1346763
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions C/O COHEN & CO., LTD 121 S. MAIN STREET, SUITE 300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AKRON, OHIO 44308	

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

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

• The books are in the care of ▶ \_\_\_\_\_

Telephone No. ▶ \_\_\_\_\_ FAX No ▶ \_\_\_\_\_

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole** group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until \_\_\_\_\_, 20 \_\_, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 20 05 or  
 ▶  tax year beginning \_\_\_\_\_, 20 \_\_, and ending \_\_\_\_\_, 20 \_\_

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ 0.00

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

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ 0.00

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

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

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.**

Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization <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, OH 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 Telephone No. FAX No.
- 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.

- I request an additional 3-month extension of time until
- For calendar year 2005, or other tax year beginning and ending
- If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ None

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 \$ None

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 \$ None

**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 CPA Date 8/15/06

**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

By \_\_\_\_\_ Date \_\_\_\_\_

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

Type or print	Name <b>COHEN &amp; COMPANY</b>
	Number and street (include suite, room, or apt no.) or a P.O. box number <b>121 SOUTH MAIN STREET SUITE 300</b>
	City or town, province or state, and country (including postal or ZIP code) <b>AKRON, OH 44308-0824</b>