

**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)

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 2005 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C Name of organization</b> FELLOWSHIP HOUSING CORPORATION		<b>D Employer identification number</b> 36-3774128
		Number and street (or P O box if mail is not delivered to street address) 2060 STONINGTON	Room/suite 200	<b>E Telephone number</b> (847) 882-2511
		City or town, state or country, and ZIP + 4 HOFFMAN ESTATES, IL 60195		<b>F Accounting method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates  N/A

H(c) Are all affiliates included?  N/A  Yes  No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number  N/A

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

G Website: WWW.FHCMOMS.ORG

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

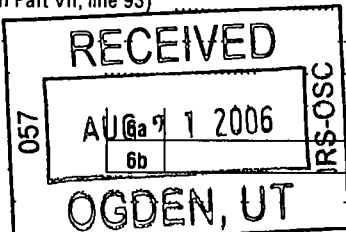
K Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **695,897.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

SCANNED SEP 15 2006

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	181,744.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	46,819.	
	d	Total (add lines 1a through 1c) (cash \$ 228,563. noncash \$ )	1d	228,563.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	92,932.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	17,859.	
	5	Dividends and interest from securities	5		
	6a	Gross rents			
	b	Less rental expenses			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe )	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
		312,611.	8a		
	b Less cost or other basis and sales expenses	311,928.	8b		
	c Gain or (loss) (attach schedule)	683.	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	683.		
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 48,349. of contributions reported on line 1a)	9a	43,932.		
b	Less direct expenses other than fundraising expenses	9b	24,057.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	19,875.		
10a	Gross sales of inventory, less returns and allowances	10a			
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	359,912.		
Expenses	13	Program services (from line 44, column (B))	13	348,712.	
	14	Management and general (from line 44, column (C))	14	44,703.	
	15	Fundraising (from line 44, column (D))	15	24,912.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	418,327.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<58,415.>	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,116,280.	
	20	Other changes in net assets or fund balances (attach explanation)	20	<16,433.>	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	1,041,432.	



(A) Securities	8a	(B) Other
312,611.	8a	
311,928.	8b	
683.	8c	

SEE STATEMENT 3

SEE STATEMENT 4

15 G15

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

*Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)	11,735.	11,735.	STATEMENT 7	
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc. **	74,215.	60,025.	7,371.	6,819.
26	Other salaries and wages	91,491.	67,918.	13,470.	10,103.
27	Pension plan contributions				
28	Other employee benefits	1,500.	450.	600.	450.
29	Payroll taxes	16,172.	13,106.	1,660.	1,406.
30	Professional fundraising fees				
31	Accounting fees	8,073.	6,113.	1,960.	
32	Legal fees				
33	Supplies				
34	Telephone	4,680.	2,429.	2,251.	
35	Postage and shipping	1,291.	293.	127.	871.
36	Occupancy	20,298.	15,104.	4,957.	237.
37	Equipment rental and maintenance				
38	Printing and publications	1,691.	72.		1,619.
39	Travel	32.	32.		
40	Conferences, conventions, and meetings				
41	Interest	3,955.	3,955.		
42	Depreciation, depletion, etc. (attach schedule)	10,942.	10,942.		
43	Other expenses not covered above (itemize):				
a					
b					
c					
d					
e					
f					
g	SEE STATEMENT 5	172,252.	156,538.	12,307.	3,407.
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	418,327.	348,712.	44,703.	24,912.

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 \$ N/A, (ii) the amount allocated to Program services \$ N/A,  
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

\*\* SEE STATEMENT 6

**Part III** Statement of Program Service Accomplishments (See the instructions.)

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.

What is the organization's primary exempt purpose? ► <b>FAMILY SERVICES</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <b>PROVIDE DISCOUNT AND SUBSIDIZED RENTAL HOUSING WITH SOCIAL SERVICES TO TEMPORARILY ECONOMICALLY DISADVANTAGED FAMILIES.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>348,712.</b>
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>348,712.</b>

**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	26,265.	45 103,005.
	46 Savings and temporary cash investments	47,278.	46 19,096.
	47 a Accounts receivable	47a 19,184.	
	b Less: allowance for doubtful accounts	47b	47c 19,184.
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 Investments - securities <b>STMT 8 STMT 9</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	858,659.	54 604,589.
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other <b>SEE STATEMENT 10</b>	11,079.	56 0.	
57 a Land, buildings, and equipment: basis	57a 341,932.		
b Less: accumulated depreciation	57b 57,669.	57c 284,263.	
58 Other assets (describe <b>▶ OTHER ASSETS</b> )	8,950.	58 11,295.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58	1,266,432.	59 1,041,432.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	85.	60
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable <b>STMT 11</b>	150,067.	64b
	65 Other liabilities (describe <b>▶</b> )		65
<b>66 Total liabilities.</b> Add lines 60 through 65)	150,152.	66 0.	
<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.		
	67 Unrestricted	1,116,280.	67 1,041,432.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	<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)	1,116,280.	73 1,041,432.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,266,432.	74 1,041,432.





Part VI Other Information (continued)		Yes	No
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?		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?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		
	N/A		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
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.		
	N/A		
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?		
	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?		
	N/A		
86	501(c)(7) organizations. 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) organizations. 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		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	89b		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed ▶ IL		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	6
91 a	The books are in care of ▶ THE ORGANIZATION Telephone no ▶ (847) 882-2511 Located at ▶ 2060 STONINGTON, HOFFMAN ESTATES, IL ZIP + 4 ▶ 60195		
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)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c	X
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) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
<b>a</b> DISCOUNTED AND					
<b>b</b> SUBSIDIZED RENT					92,932.
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	17,859.	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	683.	
<b>101</b> Net income or (loss) from special events			01	19,875.	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		38,417.	92,932.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					131,349.

**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)
93A	APARTMENTS ARE RENTED TO ECONOMICALLY DISADVANTAGED FAMILIES AT LESS THAN MARKET RENTS. IN ADDITION THESE FAMILIES ARE AFFORDED CERTAIN SOCIAL SERVICES, SUCH AS COUNSELING, JOB PLACEMENT, CREDIT MANAGEMENT AND FINANCIAL PLANNING.

**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
N/A	%			
	%			
	%			
	%			

**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.

Sign Here: Susan N. Forbes Date: 8/15/06 Type or print name and title: Susan N. Forbes Exec. Director

Preparer's signature: Stacy K. Mahley CPA Date: 8.2.06 Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: CAPIN CROUSE LLP  
720 EXECUTIVE PARK DRIVE  
GREENWOOD, IN 46143

EIN: \_\_\_\_\_ Phone no: (317) 885-2620

**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

FELLOWSHIP HOUSING CORPORATION

Employer identification number

36 3774128

**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
NONE				
Total number of other employees paid over \$50,000	▶ 0			

**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	▶ 0	

**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
NONE		
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

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

	Yes	No
<b>1</b> 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 <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?		X
<b>b</b> Lending of money or other extension of credit?		X
<b>c</b> Furnishing of goods, services, or facilities?	SEE STATEMENT 15	
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
<b>e</b> Transfer of any part of its income or assets?		X
<b>3 a</b> 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>b</b> Do you have a section 403(b) annuity plan for your employees?	X	
<b>c</b> During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
<b>4 a</b> 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>b</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)(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) sections 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 IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**  
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	339,332.	197,657.	222,303.	307,349.	1,066,641.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	140,387.	222,872.	175,056.	171,881.	710,196.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	11,899.	1,313.	43.		13,255.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	491,618.	421,842.	397,402.	479,230.	1,790,092.
<b>24</b> Line 23 minus line 17	351,231.	198,970.	222,346.	307,349.	1,079,896.
<b>25</b> Enter 1% of line 23	4,916.	4,218.	3,974.	4,792.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					21,598.
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					247,382.
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					1,079,896.
<b>d</b> Add: Amounts from column (e) for lines: 18 <u>13,255.</u> 19 _____ 22 _____ 26b <u>247,382.</u>					260,637.
<b>e</b> Public support (line 26c minus line 26d total)					819,259.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					75.8646%
<b>27</b> Organizations described on line 12: <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					N/A
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2004) _____ (2003) _____ (2002) _____ (2001) _____					N/A
<b>c</b> Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					N/A
<b>d</b> Add: Line 27a total _____ and line 27b total _____					N/A
<b>e</b> Public support (line 27c total minus line 27d total)					N/A
<b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					N/A
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<hr/>			
<hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	
<hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

**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)

N/A

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> (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)		<b>38</b>	
<b>39</b> Other exempt purpose expenditures		<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)		<b>40</b>	
<b>41</b> 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	<b>41</b>	
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		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)		<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		<b>44</b>	

**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				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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 )

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

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



## FOOTNOTES

STATEMENT 1

FORM 990, PART IV, LINE 57A, 57B, AND 57C  
LAND, BUILDINGS AND EQUIPMENT

APARTMENT BUILDINGS	339,212.
OFFICE EQUIPMENT	2,101.
OFFICE FURNITURE	619.
TOTAL FIXED ASSET COST, LINE 57A -->	341,932.
LESS ACCUMULATED DEPRECIATION, LINE 57B -->	<57,669.>
TOTAL FIXED ASSETS, BOOK VALUE, LINE 57C -->	284,263.
FORM 990, PART II, LINE 42 CONSISTS OF; DEPRECIATION EXPENSE	10,942.

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**FORM 990**                      **GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES**                      **STATEMENT**      **2**


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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	312,611.	311,928.	0.	683.
TO FORM 990, PART I, LINE 8	<u>312,611.</u>	<u>311,928.</u>	<u>0.</u>	<u>683.</u>

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**FORM 990**                      **SPECIAL EVENTS AND ACTIVITIES**                      **STATEMENT**      **3**


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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF OUTING FUND RAISER	92,281.	48,349.	43,932.	24,057.	19,875.
TO FM 990, PART I, LINE 9	<u>92,281.</u>	<u>48,349.</u>	<u>43,932.</u>	<u>24,057.</u>	<u>19,875.</u>

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**FORM 990**                      **OTHER CHANGES IN NET ASSETS OR FUND BALANCES**                      **STATEMENT**      **4**


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DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<16,433.>
TOTAL TO FORM 990, PART I, LINE 20	<u>&lt;16,433.&gt;</u>

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**FORM 990**                      **OTHER EXPENSES**                      **STATEMENT**      **5**


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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ASSOCIATION FEES	11,616.	11,616.		
CONSULTING	3,496.	772.	1,372.	1,352.
BUILDING REHAB	3,168.	3,168.		
BANK CHARGE	1,980.		684.	1,296.
INSURANCE	9,243.	5,164.	4,079.	
INVESTMENT FEES	4,656.		4,656.	
PARTICIPANTS RENT	130,284.	130,284.		
OTHER OPERATING	7,809.	5,534.	1,516.	759.
TOTAL TO FM 990, LN 43	<u>172,252.</u>	<u>156,538.</u>	<u>12,307.</u>	<u>3,407.</u>

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FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 6  
PART II, LINE 25

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NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS OF A, B & C
SUSAN FORBES	27,861.	0.	0.	
A. PROGRAM SERVICES	22,534.			22,534.
B. MANAGEMENT AND GENERAL	2,768.			2,768.
C. FUNDRAISING	2,559.			2,559.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS OF A, B & C
DENISE STEIN	37,854.	0.	0.	
A. PROGRAM SERVICES	30,616.			30,616.
B. MANAGEMENT AND GENERAL	3,759.			3,759.
C. FUNDRAISING	3,479.			3,479.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS OF A, B & C
JEANNE LEY	8,500.			
A. PROGRAM SERVICES	6,875.			6,875.
B. MANAGEMENT AND GENERAL	844.			844.
C. FUNDRAISING	781.			781.

TOTAL PROGRAM SERVICES				60,025.
TOTAL MANAGEMENT AND GENERAL				7,371.
TOTAL FUNDRAISING				6,819.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON LINE 25				<u>74,215.</u>

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 7

DESCRIPTION	AMOUNT
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.	11,735.
TOTAL TO FORM 990, PART II, LINE 23	11,735.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 8

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
STOCKS	FMV	0.			
TO FORM 990, LINE 54, COL B		0.			

FORM 990 GOVERNMENT SECURITIES STATEMENT 9

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US GOVERNMENT OBLIGATIONS	FMV	604,589.		604,589.
TOTAL TO FORM 990, LINE 54, COL B		604,589.		604,589.

FORM 990 OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	AMOUNT
OTHER	COST	0.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		0.

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FORM 990	MORTGAGES PAYABLE	STATEMENT 11
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DESCRIPTION	BALANCE DUE
BANK LOAN	0.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	

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FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT 12
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DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES LINE 9B	24,057.
INVESTMENT EXPENSES NETTED AGAINST INTEREST AND DIVIDENDS	<4,656.>
TOTAL TO FORM 990, PART IV-A	

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FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 13
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DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES LINE 9B	24,057.
INVESTMENT EXPENSES NETTED AGAINST INTEREST AND DIVIDENDS	<4,656.>
TOTAL TO FORM 990, PART IV-B	

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FORM 990

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

STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SUSAN FORBES 2060 STONINGTON HOFFMAN ESTATES, IL 60195	EXEC. DIR 30.00	27,861.	0.	0.
DENISE STEIN 2060 STONINGTON HOFFMAN ESTATES, IL 60195	DIRECTOR OF CLIENT SERV. 30.00	37,854.	0.	0.
JEANNE LEY 2060 STONINGTON HOFFMAN ESTATES, IL 60195	DIR. OF PROGRAM (FORMER) 15.00	8,500.	0.	0.
LINDA ADAIR 2060 STONINGTON HOFFMAN ESTATES, IL 60195	BOARD MEMBER 10.00	0.	0.	0.
SCOTT DILLE 2060 STONINGTON HOFFMAN ESTATES, IL 60195	BOARD MEMBER 10.00	0.	0.	0.
CHARLENE DOW 2060 STONINGTON HOFFMAN ESTATES, IL 60195	BOARD MEMBER 10.00	0.	0.	0.
SUE ELWORTH 2060 STONINGTON HOFFMAN ESTATES, IL 60195	BOARD MEMBER 5.00	0.	0.	0.
LEROY FINCH 2060 STONINGTON HOFFMAN ESTATES, IL 60195	BOARD MEMBER 1.00	0.	0.	0.
KAREN FITZGERALD 2060 STONINGTON HOFFMAN ESTATES, IL 60195	BOARD MEMBER 10.00	0.	0.	0.
DAVE JACKSON 2060 STONINGTON HOFFMAN ESTATES, IL 60195	BOARD MEMBER 10.00	0.	0.	0.
HOLLY PORTER 2060 STONINGTON HOFFMAN ESTATES, IL 60195	BOARD MEMBER 5.00	0.	0.	0.

JEFF WESTERGARD 2060 STONINGTON HOFFMAN ESTATES, IL 60195	BOARD MEMBER 1.00	0.	0.	0.
DIANE WICKSTROM 2060 STONINGTON HOFFMAN ESTATES, IL 60195	BOARD MEMBER 5.00	0.	0.	0.
DAVE JACKSON 2060 STONINGTON HOFFMAN ESTATES, IL 60195	BOARD MEMBER 10.00	0.	0.	0.
MICHAEL BARRY 2060 STONINGTON HOFFMAN ESTATES, IL 60195	BOARD MEMBER 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>74,215.</u>	<u>0.</u>	<u>0.</u>

SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2C

STATEMENT 15

A FORMER BOARD MEMBER PROVIDED INVESTMENT MANAGEMENT SERVICES THROUGH A FIRM HE CONTROLLED. THE INVESTMENT MANAGEMENT FEES (\$4,655) WERE AT, IF NOT BELOW, MARKET VALUE. THE RELATIONSHIP HAD BEEN AUTHORIZED BY THE BOARD OF DIRECTORS. THE BOARD TERMINATED THE RELATIONSHIP IN SEPT. 2005 SINCE THE SERVICES WERE NO LONGER NEEDED.

• 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).

<b>Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.</b>		
Type or print.  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	FELLOWSHIP HOUSING CORPORATION	36-3774128
	Number, street, and room or suite no. If a P.O. box, see instructions. 2060 STONINGTON, NO. 200	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HOFFMAN ESTATES, IL 60195	

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

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

• The books are in the care of **SABINE WINTER**  
 Telephone No. **(847) 882-2511** 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.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2006**.

5 For calendar year **2005**, 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 IS REQUESTED TO FINALIZE THE AUDIT AND GATHER SUPPORTING INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE FORM 990**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

**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 **Starr K. Mahley** Title **CPA** Date **7-17-06**

**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 \_\_\_\_\_

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

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

Type or print  523832 05-01-05	Name CAPIN CROUSE LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 720 EXECUTIVE PARK DRIVE
	City or town, province or state, and country (including postal or ZIP code) GREENWOOD, IN 46143

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

▶ 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 <b>FELLOWSHIP HOUSING CORPORATION</b>	Employer identification number <b>36-3774128</b>
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. <b>2060 STONINGTON, NO. 200</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. <b>HOFFMAN ESTATES, IL 60195</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 (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 ▶ **SABINE WINTER**  
 Telephone No. ▶ **(847) 882-2511** 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 **AUGUST 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2005** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- 2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

**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.