

Return of Organization Exempt From Income Tax

1999

Department of the Treasury Internal Revenue Service

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

This Form is Open to Public Inspection

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

A For the 1999 calendar year, OR tax year period beginning JUL 1, 1999 and ending JUN 30, 2000

B Check if: Change of address, Initial return, Final return, Amended return. C Name of organization: ACORN HOUSING CORPORATION, INC. D Employer identification number: 72-1048321. E Telephone number: (504) 943-0044. F Check if exemption application is pending.

G Type of organization: [X] Exempt under 501(c)(3) (3) (insert number) OR [] section 4947(a)(1) nonexempt charitable trust. Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).

H(a) Is this a group return filed for affiliates? [] Yes [X] No. (b) If "Yes," enter the number of affiliates for which this return is filed: []. (c) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No. J Accounting method: [] Cash [X] Accrual. K Check here [] if the organization's gross receipts are normally not more than \$25,000.

Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.

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

Table with 21 rows and 3 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues; 4 Interest on savings; 5 Dividends; 6 Gross rents; 7 Other investments; 8 Gross amount from sales; 9 Special events; 10 Gross 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 at beginning; 20 Other changes; 21 Net assets at end of year.

FO ACCOUNTS RECEIVED AUG 29 2001 OGDEN

SCANNED AUG 29 '01

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 \$ _____ noncash \$ _____				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc.	0.	0.	0.	0.
26 Other salaries and wages	1,217,290.	1,095,561.	97,383.	24,346.
27 Pension plan contributions				
28 Other employee benefits	174,328.	156,895.	13,946.	3,487.
29 Payroll taxes	119,385.	107,447.	9,551.	2,387.
30 Professional fundraising fees				
31 Accounting fees	265,990.	159,032.	103,424.	3,534.
32 Legal fees	7,160.	7,160.		
33 Supplies	45,362.	40,826.	3,629.	907.
34 Telephone	124,685.	112,217.	9,975.	2,493.
35 Postage and shipping	23,542.	21,188.	1,883.	471.
36 Occupancy	229,711.	206,740.	18,377.	4,594.
37 Equipment rental and maintenance	52,677.	47,409.	4,214.	1,054.
38 Printing and publications	8,728.	7,855.	698.	175.
39 Travel	124,366.	124,366.		
40 Conferences, conventions, and meetings				
41 Interest	19.		19.	
42 Depreciation, depletion, etc. (attach schedule)	20,480.	18,432.	1,638.	410.
43 Other expenses (itemize):				
a _____				
b _____				
c _____				
d _____				
e SEE STATEMENT 3	1,344,798.	1,296,229.	45,454.	3,115.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	3,758,521.	3,401,357.	310,191.	46,973.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III: Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 4	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENT 5	
(Grants and allocations \$ _____)	3,401,357.
b _____	
(Grants and allocations \$ _____)	
c _____	
(Grants and allocations \$ _____)	
d _____	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,401,357.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	1,414,737.	2,292,000.
	46 Savings and temporary cash investments		
	47 a Accounts receivable	600,640.	
	b Less: allowance for doubtful accounts	74,880.	525,760.
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable	902,400.	527,130.
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable	35,308.	
	b Less: allowance for doubtful accounts <i>STMT 6</i>	7,450.	35,308.
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	62,551.	135,713.
	54 Investments - securities		
	55 a Investments - land, buildings, and equipment; basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment; basis	1,368,793.		
b Less: accumulated depreciation <i>STMT 7</i>	107,407.	1,261,386.	
58 Other assets (describe SEE STATEMENT 8)	24,002.	15,537.	
59 Total assets (add lines 45 through 58) (must equal line 74)	5,557,871.	4,792,834.	
Liabilities	60 Accounts payable and accrued expenses	263,230.	332,125.
	61 Grants payable		
	62 Deferred revenue		11,515.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable <i>STMT 9 STMT 10</i>	1,426,501.	746,423.
65 Other liabilities (describe SEE STATEMENT 11)	146,925.	79,412.	
66 Total liabilities (add lines 60 through 65)	1,836,656.	1,169,475.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	2,832,304.	2,819,087.
	68 Temporarily restricted	888,911.	804,272.
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	3,721,215.	3,623,359.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	5,557,871.	4,792,834.	

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

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement;	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a	0.
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting 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	N/A
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? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	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 in 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 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) 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	88	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? 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		0.
d	Enter: Amount of tax in 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed SEE STATEMENT 14	90a	
b	Number of employees employed in the pay period that includes March 12, 1999	90b	59

91 The books are in care of DALE RATHKE Telephone no. (504) 943-5954
 Located at 1024 ELYSIAN FIELDS AVE. NEW ORLEANS, LA. ZIP +4 70117

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

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	
93 Program service revenue:					
(a) <u>ADM/APP/CREDIT RESEARCH</u>					160,375.
(b) <u>CONTRACTUAL FEES</u>					58,952.
(c) <u>RENTALS</u>					134,190.
(d) <u>DEVELOPMENT FEES</u>					14,000.
(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	601.	
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					
100 Gain or (loss) from sales of assets other than inventory					<423,233.>
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <u>MISCELLANEOUS</u>					3,578.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		601.	<52,138.>
105 TOTAL (add line 104, columns (B), (D), and (E))					<51,537.>

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 15

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)

Name, address, and employer identification number of corporation or partnership	Percentage of ownership interest	Nature of business activities	Total income	End-of-year assets
N/A	%			
	%			
	%			

I am preparing this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, all information of which preparer has any knowledge. (Important: See General Instruction U.)

12/01 Elizabeth Wolff Asst Sec.

**SCHEDULE A
(Form 990)**

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information

OMB No. 1545-0047

1999

Department of the Treasury
Internal Revenue Service

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

Name of the organization

ACORN HOUSING CORPORATION, INC.

Employer identification number

72 1048321

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CITIZENS CONSULTING, INC. 1024 ELYSIAN FIELDS AVE., N.O., LA 70117	ADMINISTRATIVE SERVICES	179,511.
DUPLANTIER, HRAPMANN, HOGAN & MAHER, LLP 1340 POYDRAS ST., SUITE 2000, N.O., LA 70112	AUDIT FEES	329,207.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III: Statements About Activities

	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 ► \$ _____ 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
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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:		
a Sale, exchange, or leasing of property?	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)?	X	
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions. SEE STATEMENT 16	X	
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4 a Do you have a section 403(b) annuity plan for your employees? b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See instructions.) SEE STATEMENT 17		X

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

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

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

Provide the following information about the supported organizations. (See page 4 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 4 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12 above.) 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) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,297,787.	3,656,241.	3,204,089.	2,720,637.	12,878,754.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	870,584.	1,121,980.	580,108.	674,268.	3,246,940.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,271.	647.			1,918.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	4,169,642.	4,778,868.	3,784,197.	3,394,905.	16,127,612.
24 Line 23 minus line 17	3,299,058.	3,656,888.	3,204,089.	2,720,637.	12,880,672.
25 Enter 1% of line 23	41,696.	47,789.	37,842.	33,949.	161,276.
26 Organizations described in lines 10 or 11: a Enter 2% of amount in column (e), line 24					257,613.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1995 through 1998 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					SEE STATEMENT 18 2,950,965.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					12,880,672.
d Add: Amounts from column (e) for lines: 18 1,918. 19 2,950,965.					2,952,883.
e Public support (line 26c minus line 26d total)					9,927,789.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					77.0751%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year. N/A					
(1998) (1997) (1996) (1995)					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) 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. N/A					
(1998) (1997) (1996) (1995)					
c Add: Amounts from column (e) for lines: 15 17 20 21					
d Add: Line 27a total and line 27b total					
e Public support (line 27c, total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h 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 1995 through 1998, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See instructions.)					NONE

Part V Private School Questionnaire

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

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -	The lobbying nontaxable amount is -	
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				(e) Total
	(a) 1999	(b) 1998	(c) 1997	(d) 1996	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

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:

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
		0.

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

2(B) ACORN: ACCOUNTS PAYABLE AT 6-30-00- \$45,262

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 17
PART III, LINE 4

THE BOARD OF DIRECTORS OR ITS DULY APPOINTED REPRESENTATIVES ARE RESPONSIBLE TO DETERMINE THAT ORGANIZATIONS RECEIVING GRANTS OR LOANS FROM IT DO QUALIFY TO RECEIVE THE PAYMENTS.

THE PAYMENTS ARE MADE ONLY TO ORGANIZATIONS THAT THE ENTITY IS FAMILIAR WITH THE REPUTATION, STRUCTURE AND BOARD MAKEUP OF THE ORGANIZATION SO THAT THE ENTITY CAN BE REASONABLY ASSURED THE PAYMENTS ARE MADE TO QUALIFIED ORGANIZATIONS THAT WILL FURTHER THE CHARITABLE PURPOSE OF THE ENTITY. PAYMENTS ARE NOT MADE TO INDIVIDUALS.

SCHEDULE A IDENTIFICATION OF EXCESS CONTRIBUTIONS STATEMENT 18
INCLUDED ON PART IV, LINE 26B

*** NOT OPEN TO PUBLIC INSPECTION ***

CONTRIBUTOR'S NAME	TOTAL CONTRIBUTION	EXCESS CONTRIBUTION
	1,950,100.	1,692,487.
	263,125.	5,512.
	719,970.	462,357.
	492,880.	235,267.
	790,568.	532,955.
	280,000.	22,387.
TOTAL EXCESS CONTRIBUTIONS TO SCHEDULE A, LINE 26B		2,950,965.

FORM 990

CASH CONTRIBUTIONS OF \$5000 OR MORE
INCLUDED ON PART I, LINE 1D

STATEMENT 1

*** NOT OPEN TO PUBLIC INSPECTION ***

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

AMOUNT

7,400.

61,000.

100,000.

934,500.

30,000.

100,000.

50,000.

447,130.

50,000.

116,000.

57,600.

978,329.

100,000.

54,550.

80,000.

25,000.

7,392.

40,000.

5,400.

6,250.

166,550.

13,639.

50,000.

50,000.

45,000.

75,000.

50,000.

Asset Number	Description of property					Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	Date placed in service	Method/IRC sec.	Life or rate	Line No.					
1	LAND & IMPROVEMENTS								0.
	VARIES	SL				1,199,948.			
2	EQUIPMENT							80,242.	12,337.
	VARIES	VAR	.000	19		106,663.			
3	TELEPHONE SYSTEM							1,575.	700.
	0418	97200	DB	10.00	17	6,996.			
4	DESKPRO COMPUTERS							1,285.	497.
	1210	96200	DB	10.00	17	4,975.			
5	DESKPRO COMPUTERS							385.	154.
	0107	97200	DB	10.00	17	1,538.			
6	DESKJET PRINTER							101.	39.
	1206	96200	DB	10.00	17	392.			
7	DESKJET PRINTER							101.	39.
	1206	96200	DB	10.00	17	390.			
8	DESKJET/ PHIL MAG 14IN							165.	64.
	1206	96200	DB	10.00	17	640.			
9	COMPUTER							516.	188.
	1002	96200	DB	10.00	17	1,878.			
10	DESKJET 820CSE CLR INKJET							148.	49.
	0630	97200	DB	10.00	17	641.			
11	COMPUTERS							161.	84.
	0826	97200	DB	10.00	17	837.			
12	IBM COMPUTER							111.	74.
	0116	98200	DB	10.00	17	741.			
13	COMPUTER EQUIPMENT							202.	135.
	0119	98200	DB	10.00	17	1,350.			
14	DESKPRO COMPUTER							106.	85.
	0429	98200	DB	10.00	17	853.			
15	COMPUTERS							111.	74.
	0116	98200	DB	10.00	17	741.			
16	COMPUTER							299.	326.
	0818	98200	DB	5.00	17	1,632.			
17	COMPUTER & EQUIPMENT							157.	189.
	0925	98200	DB	5.00	17	944.			
18	LAPTOP COMPUTER							336.	403.
	0930	98200	DB	5.00	17	2,017.			
19	COMPUTER HARD DRIVE							97.	116.
	0929	98200	DB	5.00	17	582.			
20	COMPUTER							145.	158.
	0804	98200	DB	5.00	17	791.			
21	COMPUTER							45.	134.
	0324	99200	DB	5.00	17	670.			
22	IBM COMPUTER							216.	650.
	0323	99200	DB	5.00	17	3,249.			
23	INSPIRON PENTIUM COMPUTER							193.	463.
	0205	99200	DB	5.00	17	2,313.			
24	3 COMPUTER STATIONS							138.	551.
	0429	99200	DB	5.00	17	2,754.			
25	COMPUTER STATION							46.	183.
	0429	99200	DB	5.00	17	913.			
26	COMPUTER STATION							46.	183.
	0429	99200	DB	5.00	17	913.			
27	DELL CELERON PROCESSOR								181.
	0815	99200	DB	5.00	15B	987.			

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
28	TELEPHONE AND CABLE SYSTEM-605S.C.							
	071599	200DB	10.00	15D	7,290.			729.
29	DELL CELERON PROCESSOR 400 MZ							
	081599	200DB	5.00	15E	987.			181.
30	DELL CELERON PROCESSOR 400 MZ							
	081599	200DB	10.00	15D	987.			90.
31	CPU WEB ONLY 7100							
	082599	200DB	5.00	15E	761.			140.
32	EQUIUM 7100							
	082699	200DB	5.00	15E	761.			140.
33	VECTRA VL8 DESKTOP							
	010800	200DB	5.00	15E	718.			72.
34	VECTRA VL8 DESKTOP							
	010800	200DB	5.00	15E	718.			72.
35	VECTRA VL8 DESKTOP							
	010800	200DB	5.00	15E	718.			72.
36	COMPAQ DESKTOP PENTIUM II							
	011000	200DB	5.00	15E	662.			66.
37	IBM PC PENTIUM II 400 MZ							
	011400	200DB	5.00	15E	518.			52.
38	IBM PC PENTIUM II 400 MZ							
	011400	200DB	5.00	15E	518.			52.
39	IBM PC PENTIUM III 450 MZ							
	012600	200DB	5.00	15E	764.			76.
40	IBM PC PENTIUM III 450 MZ							
	012600	200DB	5.00	15E	764.			76.
41	IBM PC PENTIUM III 450 MZ							
	012600	200DB	5.00	15E	764.			76.
42	HP SCAN JET							
	012800	200DB	5.00	15E	739.			74.
43	HP VECTRA V118 PENTIUM III 450 MZ							
	012800	200DB	5.00	15E	780.			78.
44	HP VECTRA V118 PENTIUM III 450 MZ							
	012800	200DB	5.00	15E	780.			78.
45	APPLE POWERMAC G4 400 MZ							
	013100	200DB	5.00	15E	1,758.			176.
46	PAGEWORKS 25 L 25 PPM-MINOLTA							
	013100	200DB	7.00	15C	734.			52.
47	VECTRA VL8 PENTIUM III 450 MZ							
	013100	200DB	5.00	15E	724.			72.
	** TOTAL 990 PAGE 2 DEPRECIATION							
					1,368,793.	0.	86,927.	20,480.

DESKJET 820CSE CLR INKJET COMPUTERS	641.	197.	444.
IBM COMPUTER	837.	245.	592.
COMPUTER EQUIPMENT	741.	185.	556.
DESKPRO COMPUTER COMPUTERS	1,350.	337.	1,013.
COMPUTER	853.	191.	662.
COMPUTER & EQUIPMENT	741.	185.	556.
LAPTOP COMPUTER	1,632.	625.	1,007.
COMPUTER HARD DRIVE	944.	346.	598.
COMPUTER	2,017.	739.	1,278.
COMPUTER	582.	213.	369.
IBM COMPUTER	791.	303.	488.
INSPIRON PENTIUM COMPUTER	670.	179.	491.
3 COMPUTER STATIONS	3,249.	866.	2,383.
COMPUTER STATION	2,313.	656.	1,657.
COMPUTER STATION	2,754.	689.	2,065.
DELL CELERON PROCESSOR	913.	229.	684.
TELEPHONE AND CABLE	913.	229.	684.
SYSTEM-605S.C.	987.	181.	806.
DELL CELERON PROCESSOR 400 MZ	7,290.	729.	6,561.
DELL CELERON PROCESSOR 400 MZ	987.	181.	806.
CPU WEB ONLY 7100	987.	90.	897.
EQUIUM 7100	761.	140.	621.
VECTRA VL8 DESKTOP	761.	140.	621.
VECTRA VL8 DESKTOP	718.	72.	646.
VECTRA VL8 DESKTOP	718.	72.	646.
VECTRA VL8 DESKTOP	718.	72.	646.
COMPAQ DESKTOP PENTIUM II	662.	66.	596.
IBM PC PENTIUM II 400 MZ	518.	52.	466.
IBM PC PENTIUM II 400 MZ	518.	52.	466.
IBM PC PENTIUM III 450 MZ	764.	76.	688.
IBM PC PENTIUM III 450 MZ	764.	76.	688.
IBM PC PENTIUM III 450 MZ	764.	76.	688.
HP SCAN JET	739.	74.	665.
HP VECTRA V118 PENTIUM III 450 MZ	780.	78.	702.
HP VECTRA V118 PENTIUM III 450 MZ	780.	78.	702.
APPLE POWERMAC G4 400 MZ	1,758.	176.	1,582.
PAGEWORKS 25 L 25 PPM-MINOLTA	734.	52.	682.
VECTRA VL8 PENTIUM III 450 MZ	724.	72.	652.
TOTAL TO FORM 990, PART IV, LN 57	1,368,793.	107,407.	1,261,386.

FORM 990	OTHER ASSETS	STATEMENT	8
DESCRIPTION		AMOUNT	
DEPOSITS		11,094.	
ESCROW ACCOUNTS		4,443.	
EMPLOYEE ADVANCES		0.	
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B		15,537.	

FORM 990	MORTGAGES PAYABLE	STATEMENT	9
DESCRIPTION		BALANCE DUE	
VARIOUS-SEE STATEMENT 19		746,423.	
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B		746,423.	

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT	13
DESCRIPTION		AMOUNT	
	LOSS ON SALE OF HOUSES INCLUDED IN EXPENSES ON AUDIT REPORT		423,233.
	TOTAL TO FORM 990, PART IV-B		423,233.

FORM 990	LIST OF STATES RECEIVING COPY OF RETURN PART VI, LINE 90	STATEMENT	14
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STATES

ARIZONA, ILLINOIS, NEW YORK, PENNSYLVANIA, NEW JERSEY,
 ARKANSAS, CALIFORNIA, CONNECTICUT, FLORIDA, GEORGIA,
 MARYLAND, MASSACHUSETTS, MISSOURI, WISCONSIN

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	15
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	INCOME DERIVED FROM SERVICES RENDERED TO OTHER PROVIDERS OF AFFORDABLE HOUSING TO LOW AND MODERATE INCOME FAMILIES.
93B	CONTRACTUAL FEES IS INCOME DERIVED FROM SERVICES RENDERED TO OTHER PROVIDERS OF AFFORDABLE HOUSING TO LOW AND MODERATE INCOME FAMILIES.
93CD 100	RENTAL AND SALES OF HOUSES TO LOW INCOME CONSTITUENTS DIRECTLY ACCOMPLISH THE EXEMPT PURPOSE OF THE ORGANIZATION WHICH IS THE PROVIDING OF AFFORDABLE HOUSING TO LOW AND MODERATE INCOME FAMILIES. MISCELLANEOUS INCOME RECEIVED
103A	IS UTILIZED TO FURTHER ADVANCE THE EXEMPT PURPOSE OF THE ORGANIZATION WHICH IS THE PROVIDING OF AFFORDABLE HOUSING TO LOW AND MODERATE INCOME FAMILIES.

SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH DIRECTORS, TRUSTEES, PRINCIPAL OFFICERS OR CREATOR PART III, LINE 2	STATEMENT	16
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2(A) ACORN: OFFICE LEASING- \$ 51,646
 2(D) ACORN: REIMB. FOR LONG DISTANCE, E-MAIL & AMERICAN EXPRESS- \$ 51,382
 2(C) ACORN: CONTRACTUAL SERVICES- \$ 34,003
 2(E) ACORN: GIFTS PAID - \$4,227
 2(B) ACORN: LOANS RECEIVABLE AT 6-30-00- \$27,258
 2(A) NYOSC: OFFICE LEASING- \$16,056

ACORN HOUSING CORPORATION
 NOTES PAYABLE
 JUNE 30, 2000

	ADJUSTED AUDIT BALANCE @06/30/99	ADJUSTED AUDIT BALANCE @06/30/00
PHOENIX, ARIZONA		
C 202 Hope III Program		
C 204 15 31TH STREET	20,027.76	0.00
C 207 5012 17TH STREET	21,534.77	21,112.70
C 210 2053 E. ST. CHARLES	31,386.49	0.00
C 211 5227 18TH	27,407.51	26,735.15
C 214 2206 LYNNE	33,000.00	32,697.17
C 217 2306 LYNNE	26,215.45	(0.00)
C 218 2341 BURGESS	22,877.25	0.00
C 221 1711 CHAMBERS	30,263.69	29,904.05
C 222 2136 CORONA	24,649.72	(0.00)
C 227 1646 CHAMBERS	30,404.47	0.00
C 229 2126 CHAMBERS	25,007.41	(0.00)
C 233 1721 SONORA	24,747.27	24,218.02
C 236 2025 ST. CHARLES	19,817.58	0.00
C 239 2256 HIDALGO	28,569.09	27,964.56
C 242 1641 VINEYARD ROAD	33,503.27	(0.00)
C 245 4633 17TH STREET	28,772.68	0.00
C 247 1728 CARTER	28,416.72	27,780.46
C 248 1906 SUNLAND	25,344.47	24,721.78
C 249 7032 16TH STREET	31,048.88	30,312.23
C 251 1821 HIDALGO	32,073.50	(0.00)
C 252 2031 ROMELY	24,348.50	(0.00)
C 253 1511 CARSON	18,959.22	0.00
C 254 1547 CARSON	28,253.94	27,593.22
C 256 1842 CARTER	34,035.30	33,249.34
C 258 7108 8TH STREET	32,709.97	0.00
C 259 4629 20TH STREET	25,693.33	0.00
C 262 522 ELLIS	31,745.90	0.00
C 264 308 DARROW	25,855.79	0.00
C 265 1851 ATLANTA	34,278.87	32,618.58
C 266 1846 BURGESS	31,506.25	0.00
C 269 1715 E. BURGESS LN.	37,432.19	0.00
C 275 1946 W. ROMELY	35,234.81	(0.00)
C 279 7005 S. 5TH AVE.	35,168.74	(0.00)
C 284 1322 E. LA SALLE	26,953.83	26,690.35
C 287 2026 E. ALTA VISTA	26,945.74	26,563.58
ARKANSAS		
D 401 1101 Welch (ACLA Asset)	23,691.96	22,955.00
D 404 1016 South Schiller (ACLA Asset)	36,199.52	35,222.91
D 411 3521 W. 10th St. (ACLA Asset)	28,202.36	27,455.21
D 416 1216 S. Washington (ACLA Asset)	28,024.28	27,435.32
D 419 3409 W. 13th	21,847.10	21,140.84
D 423 4119 W. 22nd	29,035.39	28,340.32
D 424 1501 S. Pine	28,563.77	27,802.43
D 425 2700 S. Jefferson	26,054.01	25,364.18
D 426 1307 S. Jackson (ACLA Asset)	28,108.66	27,229.38
D 435 2224 Ringo St.		
D 439 2901 S. Schiller	34,856.89	34,004.00
D 442 2300 Scott	30,675.33	30,231.08
D 443 2816 S. Broadway	48,474.76	47,080.65
D 445 2617 Martin Luther King		
UNSECURED LINES OF CREDIT		
PHOENIX		
LHF	61,019.76	0.00
Archdiocese of Peonix	7,557.39	0.00
TOTALS	TOTALS	
	<u>1,426,501.54</u>	<u>746,422.51</u>

Depreciation and Amortization
(Including Information on Listed Property) **990**

▶ See separate instructions. ▶ Attach this form to your return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

ACORN HOUSING CORPORATION, INC.

FORM 990 PAGE 2

72-1048321

Part I Election To Expense Certain Tangible Property (Section 179) (Note: If you have any "listed property," complete Part V before you complete Part I.)

1	Maximum dollar limitation. If an enterprise zone business, see instructions	19,000.
2	Total cost of section 179 property placed in service. See instructions	
3	Threshold cost of section 179 property before reduction in limitation	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter amount from line 27	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from 1998	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2000. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement). Instead, use Part V for listed property.

Part II MACRS Depreciation For Assets Placed In Service ONLY During Your 1999 Tax Year (Do Not Include Listed Property.)

Section A - General Asset Account Election

14 If you are making the election under section 168(f)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box. See instructions

Section B - General Depreciation System (GDS) (See instructions.)

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
15 a 3-year property						
b 5-year property		14,421.	5 YRS.	HY	200DE	1,734.
c 7-year property		734.	7 YRS.	HY	200DE	52.
d 10-year property		8,277.	10 YRS.	HY	200DE	819.
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Alternative Depreciation System (ADS) (See instructions.)

16 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part III Other Depreciation (Do Not Include Listed Property.) (See instructions.)

17	GDS and ADS deductions for assets placed in service in tax years beginning before 1999	17	5,538.
18	Property subject to section 168(f)(1) election	18	
19	ACRS and other depreciation	19	12,337.

Part IV Summary (See instructions.)

20	Listed property. Enter amount from line 26	20	
21	Total. Add deductions on line 12, lines 15 and 16 in column (g), and lines 17 through 20. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	21	20,480.
22	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	22	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Part V Listed Property - Automobiles, Certain Other Vehicles, Cellular Telephones, Certain Computers, and Property Used for Entertainment, Recreation, or Amusement

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles.)

23a Do you have evidence to support the business/investment use claimed? Yes No 23b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

24 Property used more than 50% in a qualified business use:

	:	:	%					
	:	:	%					
	:	:	%					

25 Property used 50% or less in a qualified business use:

	:	:	%			SL -		
	:	:	%			SL -		
	:	:	%			SL -		

26 Add amounts in column (h). Enter the total here and on line 20, page 1 26

27 Add amounts in column (i). Enter the total here and on line 7, page 1 27

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
28 Total business/investment miles driven during the year (DO NOT include commuting miles)												
29 Total commuting miles driven during the year ...												
30 Total other personal (noncommuting) miles driven												
31 Total miles driven during the year. Add lines 28 through 30												
32 Was the vehicle available for personal use during off-duty hours?												
33 Was the vehicle used primarily by a more than 5% owner or related person?												
34 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
35 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
36 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners		
37 Do you treat all use of vehicles by employees as personal use?		
38 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
39 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 35, 36, 37, 38, or 39 is "Yes," you need not complete Section B for the covered vehicles.

Part VI: Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
40 Amortization of costs that begins during your 1999 tax year:	:	:			
41 Amortization of costs that began before 1999				41	
42 Total. Enter here and on "Other Deductions" or "Other Expenses" line of your return				42	