

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 2010 calendar year, or tax year beginning , 2010 , and ending , 20																																				
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization CLEVELAND HOUSING NETWORK, INC.</td> <td>D Employer identification number 34-1346763</td> </tr> <tr> <td colspan="2">Doing Business As</td> <td rowspan="2">E Telephone number (216) 574-7100</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">2999 PAYNE AVENUE</td> <td></td> </tr> <tr> <td colspan="2">306</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 CLEVELAND, OH 44114</td> <td>G Gross receipts \$ 35,267,151.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: ROBERT S. CURRY 2999 PAYNE AVENUE CLEVELAND, OH 44114</td> <td>H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2"></td> <td>If "No," attach a list. (see instructions)</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ WWW.CHNNET.COM</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 1981 M State of legal domicile: OH</td> </tr> </table>	C Name of organization CLEVELAND HOUSING NETWORK, INC.		D Employer identification number 34-1346763	Doing Business As		E Telephone number (216) 574-7100	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	2999 PAYNE AVENUE			306			City or town, state or country, and ZIP + 4 CLEVELAND, OH 44114		G Gross receipts \$ 35,267,151.	F Name and address of principal officer: ROBERT S. CURRY 2999 PAYNE AVENUE CLEVELAND, OH 44114		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			If "No," attach a list. (see instructions)	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	J Website: ▶ WWW.CHNNET.COM			K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1981 M State of legal domicile: OH
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Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF CHN IS TO DEVELOP AFFORDABLE HOUSING FOR LOW- AND MODERATE-INCOME RESIDENTS OF GREATER CLEVELAND, GENERATING PATHWAYS OUT OF POVERTY AND PROVIDING HOMEOWNERSHIP OPPORTUNITIES.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	27.	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27.	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	161.	
	6 Total number of volunteers (estimate if necessary)	6	27.	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a		
	b Net unrelated business taxable income from Form 990-T, line 34	7b		
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	16,856,760.	23,518,260.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,135,159.	9,128,737.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,485,625.	2,502,036.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-541,050.	118,118.	
		25,936,494.	35,267,151.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	95,200.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,323,481.	7,674,094.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 189,433.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	0.	0.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,391,388.	26,610,482.		
19 Revenue less expenses. Subtract line 18 from line 12	24,714,869.	34,379,776.		
	1,221,625.	887,375.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	60,041,935.	62,718,273.	
	22 Net assets or fund balances. Subtract line 21 from line 20	39,906,797.	41,695,760.	
		20,135,138.	21,022,513.	

Part II Signature Block
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	<input type="checkbox"/> Sign	<div style="border: 2px solid blue; border-radius: 15px; padding: 5px; display: inline-block;"> <p style="margin: 0;">CLIENT COPY</p> <p style="margin: 0; font-size: 1.2em;">Cohen & Company</p> <p style="margin: 0; font-size: 0.8em;">Certified Public Accountants</p> </div>		Date
	<input type="checkbox"/> Type			

Paid Preparer Use Only	Print/Type preparer's name ALANE L. BOFFA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00012337
	Firm's name ▶ COHEN & COMPANY, LTD.	Firm's EIN ▶ 34-1912961			
	Firm's address ▶ OFFICES LISTED AT WWW.COHENCPA.COM, OH 44115	Phone no. 800-229-1099			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

THE MISSION OF CHN IS TO DEVELOP AFFORDABLE HOUSING FOR LOW- AND MODERATE-INCOME RESIDENTS OF GREATER CLEVELAND, GENERATING PATHWAYS OUT OF POVERTY AND PROVIDING HOMEOWNERSHIP OPPORTUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,444,007. including grants of \$) (Revenue \$ 8,018,267.) HOUSING DEVELOPMENT & PROPERTY MANAGEMENT

CHN DEVELOPS AND MANAGES SINGLE- AND MULTI-FAMILY HOMES IN CLEVELAND THAT COMPLIMENT NEIGHBORHOOD STRATEGIES. AFFORDABILITY, SUSTAINABLE HOMEOWNERSHIP OPPORTUNITIES, ENERGY EFFICIENCY, INDOOR AIR QUALITY AND LONG-TERM SUSTAINABILITY ARE CORE PRINCIPLES OF OUR STRATEGIES. HOUSING OPTIONS ARE TAILORED TO FAMILY INCOME AND INCLUDE PURCHASE, RENTAL AND A NATIONALLY RECOGNIZED 15-YEAR LEASE PURCHASE HOMEOWNERSHIP PROGRAM FOR LOW-INCOME FAMILIES WHO COULD NOT OTHERWISE ACHIEVE HOMEOWNERSHIP. IN 2010, CHN BEGAN DEVELOPMENT ON 186 GREEN AFFORDABLE HOUSING UNITS.

4b (Code:) (Expenses \$ 21,534,951. including grants of \$) (Revenue \$ 1,110,470.) ENERGY CONSERVATION & WEATHERIZATION

AS NORTHEAST OHIO'S LARGEST ENERGY CONSERVATION AND WEATHERIZATION PROVIDER, CHN HELPS LOW-INCOME FAMILIES TO CONSERVE ENERGY AND LOWER UTILITY BILLS. THROUGH PARTNERSHIPS WITH THE STATE, CITY AND UTILITY COMPANIES, WE ADMINISTER LARGE-SCALE UTILITY PROGRAMS TO ASSIST LOW-INCOME FAMILIES. IN 2010, CHN COMPLETED OVER 10,000 JOBS IN A 19 COUNTY AREA. TO HELP NORTHEAST OHIO FAMILIES OVERCOME SHORT-TERM EMERGENCIES, CHN ADMINISTERED UTILITY BILL PAYMENT ASSISTANCE PROGRAMS THAT SERVED OVER 35,000 CLIENTS IN 2010.

4c (Code:) (Expenses \$ 1,422,674. including grants of \$) (Revenue \$) TRAINING & EDUCATION

CHN OPERATES ONE OF THE REGION'S HIGHEST-CAPACITY COMMUNITY TRAINING CENTERS (CTC), TEACHING FINANCIAL AND DIGITAL LITERACY, ENHANCING EMPLOYMENT SKILLS, AND PREPARING CLIENTS TO PURCHASE AND MANAGE THEIR HOMES. OUR COUNSELORS ARE CERTIFIED AND HUD-APPROVED AND FOLLOW THE NATIONAL STANDARDS FOR HOMEOWNERSHIP COUNSELING. THE TRAINING CENTER SERVED 3,776 HOUSEHOLDS IN 2010. TO HELP NORTHEAST OHIO FAMILIES OVERCOME SHORT-TERM EMERGENCIES, CHN WORKED WITH OVER 1,000 AT-RISK HOMEOWNERS IN THE AREA OF FORECLOSURE PREVENTION.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 33,401,632.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 21-38 covering various reporting requirements for grants, compensation, bonds, and organizational structure.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. []

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions 1a-1b, 2-7b, 8-9 regarding governing body members, relationships, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include questions 10a-16b regarding local chapters, conflict of interest policies, whistleblower policies, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MARY SMIGELSKI 2999 PAYNE AVENUE CLEVELAND, OH 44114 216-574-7100

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII.

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROLYNN GALLOWAY TRUSTEE/BOARD VICE-PRESIDENT	2.00	X		X				0.	0.	0.
(2) KRUME STOJANOVSKI TRUSTEE/BOARD PRESIDENT	2.00	X		X				0.	0.	0.
(3) PETER MEISEL TRUSTEE/BOARD TREASURER	2.00	X		X				0.	0.	0.
(4) DAVE BAILEY TRUSTEE/BOARD 2ND VP	2.00	X		X				0.	0.	0.
(5) NATE DAVIS TRUSTEE	2.00	X						0.	0.	0.
(6) PAUL ETTORRE TRUSTEE	2.00	X						0.	0.	0.
(7) MIKE PIEPSNY TRUSTEE	2.00	X						0.	0.	0.
(8) CAROL FRIEDMAN TRUSTEE	2.00	X						0.	0.	0.
(9) KARL GARTNER TRUSTEE	2.00	X						0.	0.	0.
(10) MIKE GRIFFIN TRUSTEE	2.00	X						0.	0.	0.
(11) SAHNARA HENDRIX TRUSTEE/ BOARD SECRETARY	2.00	X		X				0.	0.	0.
(12) LORETTA HUNTER TRUSTEE/RESIDENT ADV COUNCIL	2.00	X						0.	0.	0.
(13) KATHRYN JACKSON TRUSTEE	2.00	X						0.	0.	0.
(14) JACSHICA LASTER TRUSTEE/RESIDENT ADV COUNCIL	2.00	X						0.	0.	0.
(15) TIM JENKINS TRUSTEE	2.00	X						0.	0.	0.
(16) CARLO MAGGIORA TRUSTEE	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) HELEN SMITH TRUSTEE	2.00	X					0.	0.	0.	
(18) JIM VECCHIO TRUSTEE	2.00	X					0.	0.	0.	
(19) JOHN WEISS TRUSTEE	2.00	X					0.	0.	0.	
(20) ANGELA WILLIAMS TRUSTEE	2.00	X					0.	0.	0.	
(21) MARTY MURPHY TRUSTEE	2.00	X					0.	0.	0.	
(22) TERRI HAMILTON BROWN TRUSTEE	1.00	X					0.	0.	0.	
(23) SABRA PIERCE SCOTT TRUSTEE	2.00	X					0.	0.	0.	
(24) KEVIN NOWAK TRUSTEE	2.00	X					0.	0.	0.	
(25) ROCKY RICHARDSON TRUSTEE	2.00	X					0.	0.	0.	
(26) CAROLINE PEAK TRUSTEE	2.00	X					0.	0.	0.	
(27) ALFRED GODBOTT TRUSTEE	2.00	X					0.	0.	0.	
(28) ROBERT CURRY EXECUTIVE DIRECTOR	40.00			X			131,242.	0.	13,480.	
1b Sub-total							131,242.	0.	13,480.	
c Total from continuation sheets to Part VII, Section A							408,161.	0.	15,398.	
d Total (add lines 1b and 1c)							539,403.	0.	28,878.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **9**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	68,206.					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	10,668,385.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	12,781,669.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			23,518,260.				
Program Service Revenue	Business Code							
	2a SERVICE FEES		900099	8,104,366.	8,104,366.			
	b RENTAL INCOME		900099	1,024,371.	1,024,371.			
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			9,128,737.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,502,036.	2,502,036.			
	4 Income from investment of tax-exempt bond proceeds . . .			0.				
	5 Royalties			0.				
		(i) Real	(ii) Personal					
	6a Gross Rents.							
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)				0.			
		(i) Securities	(ii) Other					
	7a Gross amount from sales of assets other than inventory							
	b Less: cost or other basis and sales expenses							
	c Gain or (loss)							
	d Net gain or (loss)				0.			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
	b Less: direct expenses	b						
	c Net income or (loss) from fundraising events				0.			
	9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b						
c Net income or (loss) from gaming activities				0.				
10a Gross sales of inventory, less returns and allowances	a							
b Less: cost of goods sold	b							
c Net income or (loss) from sales of inventory				0.				
Miscellaneous Revenue			Business Code					
11a GAIN ON SALE OF HOUSES				103,615.	103,615.			
b MISC. INCOME				14,503.	14,503.			
c								
d All other revenue								
e Total. Add lines 11a-11d				118,118.				
12 Total revenue. See instructions				35,267,151.	11,748,891.			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	95,200.	95,200.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	308,397.	279,600.	23,661.	5,136.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	5,831,334.	5,286,813.	447,402.	97,119.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	143,031.	129,675.	10,974.	2,382.
9 Other employee benefits	870,296.	789,029.	66,772.	14,495.
10 Payroll taxes	521,036.	472,382.	39,976.	8,678.
11 Fees for services (non-employees):				
a Management	487,201.	487,201.		
b Legal	14,640.	12,707.	624.	1,309.
c Accounting	50,500.	43,833.	2,152.	4,515.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	358,407.	311,092.	15,273.	32,042.
12 Advertising and promotion	49,247.	42,745.	2,099.	4,403.
13 Office expenses	264,112.	237,736.	23,699.	2,677.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	1,149,224.	1,103,833.	40,909.	4,482.
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	147,010.	50,382.	96,628.	0.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	29,063.	23,168.	5,895.	0.
23 Insurance	123,924.	116,513.	6,679.	732.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PROGRAM SERVICES	20,289,291.	20,289,291.	0.	0.
b MISCELLANEOUS	218,197.	200,766.	5,968.	11,463.
c RESERVES FOR IMPAIRMENTS	3,429,666.	3,429,666.	0.	0.
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	34,379,776.	33,401,632.	788,711.	189,433.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	44,733.	1	210,875.
	2 Savings and temporary cash investments	3,245,406.	2	6,685,527.
	3 Pledges and grants receivable, net	3,164,043.	3	1,906,414.
	4 Accounts receivable, net	3,997,832.	4	3,539,401.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	27,877,021.	7	28,972,388.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	138,764.	9	140,511.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,570,137.		
	b Less: accumulated depreciation	10b 534,610.	6,472,242.	10c 5,035,527.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	0.	13	750,000.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	15,101,894.	15	15,477,630.
16 Total assets. Add lines 1 through 15 (must equal line 34)	60,041,935.	16	62,718,273.	
Liabilities	17 Accounts payable and accrued expenses	2,530,028.	17	3,002,287.
	18 Grants payable		18	
	19 Deferred revenue	1,543,189.	19	1,426,531.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	35,735,829.	23	37,192,388.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	97,751.	25	74,554.
	26 Total liabilities. Add lines 17 through 25	39,906,797.	26	41,695,760.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	19,190,638.	27	19,851,213.
	28 Temporarily restricted net assets	119,500.	28	346,300.
	29 Permanently restricted net assets	825,000.	29	825,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	20,135,138.	33	21,022,513.	
34 Total liabilities and net assets/fund balances	60,041,935.	34	62,718,273.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,267,151.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,379,776.
3	Revenue less expenses. Subtract line 2 from line 1	3	887,375.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,135,138.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	21,022,513.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization CLEVELAND HOUSING NETWORK, INC.	Employer identification number 34-1346763
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 exempt 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)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		X
(ii) A family member of a person described in (i) above?	11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 6 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 6 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 87.16%; 15 Public support percentage from 2009 Schedule A, Part II, line 14 85.81%; 16a 33 1/3 % support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3 % support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19 a 33 1/3 % support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3 % support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**

OMB No. 1545-0047

2010

Name of the organization

CLEVELAND HOUSING NETWORK, INC.

Employer identification number

34-1346763

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CLEVELAND HOUSING NETWORK, INC.

Employer identification number
34-1346763

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CLEVELAND FOUNDATION 1422 EUCLID AVE, SUITE 1300 CLEVELAND, OH 44115	\$ 219,838.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	COMMUNITY HOUSING SOLUTIONS 12114 LARCHMERE BLVD CLEVELAND, OH 44120	\$ 26,364.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	THE GEORGE GUND FOUNDATION 1845 GUILDHALL BUILDING 45 PROSPECT AVE CLEVELAND, OH 44115	\$ 130,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	DOLLAR BANK FOUNDATION 1301 EAST NINTH ST. CLEVELAND, OH 44114	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE ENTERPRISE COMMUNTY PARTNERS 10227 WINCOPIN CIRCLE, SUITE 500 COLUMBIA, MD 21044	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	KEY FOUNDATION 800 SUPERIOR AVE CLEVELAND, OH 44114	\$ 46,333.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CLEVELAND HOUSING NETWORK, INC.

Employer identification number
34-1346763**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	THE HOME DEPOT FOUNDATION 2455 PACES FERRY RD., BLDG C-17 ATLANTA, GA 30339	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	THIRD FEDERAL FOUNDATION 7007 BROADWAY AVE. CLEVELAND, OH 44105	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	SAINT LUKE'S FOUNDATION 4208 PROSPECT AVE CLEVELAND, OH 44103	\$ 87,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	MEISEL FAMILY FOUNDATION 1750 EUCLID AVE. CLEVELAND, OH 44115	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	PNC BANK 1900 EAST NINTH STREET CLEVELAND, OH 44114	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	DEACONESS COMMUNITY FOUNDATION 7575 NORTHCLIFF AVE., SUITE 203 BROOKLYN, OH 44144	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CLEVELAND HOUSING NETWORK, INC.

Employer identification number
34-1346763

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	WELLS FARGO HOUSING FOUNDATION 90 SOUTH 7TH STREET MINNEAPOLIS, MN 55479	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	EDEN, INC. 7812 MADISON AVENUE CLEVELAND, OH 44102	\$ 80,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	SEARS SWETLAND FAMILY FD 13003 LAKESHORE BLVD CLEVELAND, OH 44108	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	COUNTY OF CUYAHOGA DEPT OF DEVELOPMENT 112 HAMILTON COURT, 4TH FLOOR CLEVELAND, OH 44114	\$ 77,203.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	CITY OF CLEVELAND - FORECLOSURE PREVENTI 601 LAKESIDE AVENUE CLEVELAND, OH 44114	\$ 9,780.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	CITY OF CLEVELAND WATER AFFORDABILITY 1201 LAKESIDE AVENUE CLEVELAND, OH 44114	\$ 128,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CLEVELAND HOUSING NETWORK, INC.

Employer identification number
34-1346763

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	CITY OF CLEVELAND-HWAP 1201 LAKESIDE AVENUE CLEVELAND, OH 44114	\$ 3,442,884.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	CITY OF CLEVELAND - CHDO 601 LAKESIDE AVENUE, 3RD FLOOR CLEVELAND, OH 44114	\$ 37,433.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	DOMINION EAST OHIO GAS 1201 EAST 55TH STREET CLEVELAND, OH 44103	\$ 8,233,591.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	FUEL FUND-FIRST ENERGY 76 SOUTH MAIN STREET AKRON, OH 44308	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	OHIO DEPARTMENT OF DEVELOPMENT-HEAP 77 SOUTH HIGH STREET COLUMBUS, OH 43216	\$ 686,598.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	OHIO DEPARTMENT OF DEVELOPMENT-USF 77 SOUTH HIGH STREET COLUMBUS, OH 43216	\$ 3,860,207.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CLEVELAND HOUSING NETWORK, INC.

Employer identification number
34-1346763

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	CITY OF CLEVELAND DEPT OF WATER 1201 LAKESIDE AVENUE CLEVELAND, OH 44114	\$ 317,482.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115	\$ 68,206.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	OHIO HOUSING FINANCE AGENCY - HDAP 57 EAST MAIN STREET COLUMBUS, OH 43215	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	HOUSING PARTNERSHIP NETWORK 160 STATE STREET, 5TH FLOOR BOSTON, MA 02109	\$ 259,485.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	CITY OF CLEVELAND-LEAD 75 ERIEVIEW PLAZA, 3RD FLOOR CLEVELAND, OH 44114	\$ 1,307,141.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	OHIO PARTNER'S FOR AFFORDABLE ENERGY 231 WEST LIMA STREET FINDLAY, OH 45839-1793	\$ 2,388,689.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CLEVELAND HOUSING NETWORK, INC.

Employer identification number
34-1346763

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	THE BRUENING FOUNDATION 1422 EUCLID AVENUE, SUITE 627 CLEVELAND, OH 44115	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	STATE OF OHIO-DOWN PAYMENT ASSISTANCE 77 SOUTH HIGH STREET COLUMBUS, OH 43216	\$ 41,087.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	THOMAS H. WHITE 1422 EUCLID AVENUE, SUITE 627 CLEVELAND, OH 44115	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	CHARTER ONE FOUNDATION 1215 SUPERIOR AVENUE CLEVELAND, OH 44114	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	MURPHY FAMILY FOUNDATION 29325 CHAGRIN, SUITE 103 PEPPER PIKE, OH 44122	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	PNC FOUNDATION 249 FIFTH AVENUE PITTSBURGH, PA 15222	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CLEVELAND HOUSING NETWORK, INC.

Employer identification number
34-1346763

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	THE TJX FOUNDATION, INC. 770 COCHITUATE ROAD FRAMINGHAM, MA 01701	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	CREDIT FIRST NATIONAL ASSOCIATION 6275 EASTLAND ROAD BROOKPARK, OH 44142	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	OHIO HOUSING FINANCE AGENCY 57 EAST MAIN STREET COLUMBUS, OH 43215	\$ 10,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	ONE COMMUNITY 800 WEST ST. CLAIR AVENUE, 2ND FLOOR CLEVELAND, OH 44113	\$ 648,159.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

CLEVELAND HOUSING NETWORK, INC.

Employer identification number

34-1346763

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XI V and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XI V.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	825,000.	825,000.	825,000.		
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	825,000.	825,000.	825,000.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ 100.0000 %
 - c Term endowment ▶ _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------|---------------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? **3b** Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		4,906,323.	0.	4,906,323.
c Leasehold improvements				
d Equipment		663,814.	534,610.	129,204.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				5,035,527.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other -----		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) MORTGAGE RECEIVABLE	1,630,659.
(2) INTEREST RECEIVABLE	13,846,971.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	15,477,630.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) DEFERRED INTEREST	74,554.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	74,554.	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV.)	8
9	Total adjustments (net). Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

PART V, LINE 4

INTENDED USE OF ENDOWMENT FUND

TO ASSIST IN OUR MISSION BY ALLOWING FOR THE INVESTMENT OF UP TO \$750,000
IN SHORT-TERM LOAN INSTRUMENTS OFFERED TO AFFORDABLE LOW-INCOME HOUSING
PROJECTS.

PART X LINE 2

FIN 48 (ASC 740) FOOTNOTE

THE NETWORK ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH GAAP,
WHICH REQUIRE RECOGNITION OF AND DISCLOSURES RELATED TO UNCERTAIN TAX
POSITIONS. AS OF AND DURING THE YEAR ENDED DECEMBER 31, 2010, THE NETWORK
DOES NOT HAVE A LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE NETWORK IS
NO LONGER SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES
PRIOR TO 2007.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

34-1346763

CLEVELAND HOUSING NETWORK, INC.

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CITY OF CLEVELAND 601 LAKESIDE, ROOM 325 CLEVELAND, OH 44114				80,200 . FMV		VACANT LAND	FUTURE DEVELOPMENT
(2)	-----							
(3)	-----							
(4)	-----							
(5)	-----							
(6)	-----							
(7)	-----							
(8)	-----							
(9)	-----							
(10)	-----							
(11)	-----							
(12)	-----							

- 2 Enter total number of section 501(c)(3) and government organizations 1
- 3 Enter total number of other organizations 1

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

CLEVELAND HOUSING NETWORK, INC.

Employer identification number

34-1346763

990 REVIEW POLICY

PART VI - QUESTION 11

THE FINANCE DIRECTOR ENSURES THAT FORMS 990 ARE FILED IN A TIMELY AND
ACCURATE MANNER.

THE EXECUTIVE DIRECTOR SIGNS AND CERTIFIES THAT THE IRS FORM 990 IS
ACCURATE AND COMPLETE.

THE FINANCE AND EXECUTIVE COMMITTEES REVIEW AND APPROVE THE IRS FORM 990
ANNUAL TAX FILING PRIOR TO SUBMISSION TO ENSURE THE ACCURACY OF BOTH
FINANCIAL AND NON-FINANCIAL INFORMATION INCLUDED ON THE SUBMISSION. IN
ADDITION, THE FULL BOARD RECEIVES A COPY OF THE IRS FORM 990 PRIOR TO
FILING.

CONSISTENT WITH THE REQUIREMENTS OF SECTION 6104(D) OF THE INTERNAL
REVENUE CODE AND THE REGULATIONS THEREUNDER, COPIES OF THE ORGANIZATION'S
FORM 990 SHALL BE MADE AVAILABLE, UPON REQUEST, IN A TIMELY MANNER, AND
[SUBJECT TO THE CHARGES PERMITTED BY LAW] TO ANY INDIVIDUALS WHO REQUEST
IT.

CONFLICT OF INTEREST

PART VI - SECTION B - QUESTION 12

ANNUALLY, THE DIRECTORS AND OFFICERS ARE REQUIRED TO COMPLETE THE
CONFLICT OF INTEREST DISCLOSURE FORM. ATTACHED TO THE FORM IS THE

Name of the organization

CLEVELAND HOUSING NETWORK, INC.

Employer identification number

34-1346763

WRITTEN POLICY FOR REVIEW TO ENSURE INDENTIFICATION OF POTENTIAL CONFLICTS. ALL POTENTIAL CONFLICTS ARE PUBLISHED IN THE CONFLICT OF INTEREST LOG. DISINTERESTED DIRECTORS SHALL DETERMINE, BASED ON THE FACTS PRESENTED, BY THE MAJORITY VOTE TO APPROVE TO ENTER INTO TRANSACTIONS OR ARRANGEMENTS WITH A POTENTIAL CONFLICT.

COMPENSATION REVIEW PROCESS

PART VI - SECTION B - QUESTION 15

THE ORGANIZATION'S EXECUTIVE DIRECTOR AND KEY EMPLOYEES EACH RECEIVED A MODEST SALARY INCREASE RANGING BETWEEN 1% AND 3% IN 2010. PERIODICALLY, THE ORGANIZATION REVIEWS NATIONAL SALARY INFORMATION FOR SIMILAR ORGANIZATIONS WITH KEY EMPLOYEES IN FUNCTIONALLY COMPARABLE POSITIONS. THE APPROVAL OF COMPENSATION INCREASES IS UNDERTAKEN BY THE BOARD. SALARY DECISIONS MADE BY THE BOARD ARE REFLECTED IN THE BOARD MEETING MINUTES.

GOVERNING DOCUMENTS FOR PUBLIC INSPECTION

PART VI-SECTION C-QUESTION 19

DOCUMENTS ARE AVAILABLE UPON REQUEST.

RELATED PARTNERSHIPS AND CORPORATIONS

SCHEDULE R, PART III AND PART IV

THE RELATED PARTNERSHIPS AND CORPORATIONS LISTED ON SCHEDULE R WERE FORMED TO ASSIST THE ORGANIZATION IN THE FULFILLMENT OF ITS CHARITABLE MISSION OF DEVELOPING AFFORDABLE HOUSING FOR LOW- AND MODERATE-INCOME FAMILIES, GENERATING PATHWAYS OUT OF POVERTY, AND PROVIDING HOME OWNERSHIP OPPORTUNITIES.

Name of the organization

CLEVELAND HOUSING NETWORK, INC.

Employer identification number

34-1346763

SCHEDULE R PART III

THE PRIMARY ACTIVITIES OF NOAH II LLC AND OPPORTUNITY HOUSING CLEVELAND ARE DESCRIBED AS "REAL ESTATE" AND ARE JOINT PROGRAMS BETWEEN THE ORGANIZATION AND OTHER CHARITABLE NONPROFIT ORGANIZATIONS IN GREATER CLEVELAND TO REHABILITATE AND SELL HOMES IN DISTRESSED CLEVELAND NEIGHBORHOODS. THE PRIMARY ACTIVITY OF CARVER ASSOCIATES LLC IS DESCRIBED AS "REAL ESTATE DEVELOPMENT" AND WAS FORMED TO DEVELOP HOUSING FOR LOW-INCOME HOUSEHOLDS BUT HAS NOT HAD ANY FINANCIAL ACTIVITY SINCE ITS FORMATION. THE REMAINING PARTNERSHIPS' PRIMARY ACTIVITIES ARE DESCRIBED AS "REAL ESTATE" AND THEY WERE FORMED TO DEVELOP AFFORDABLE HOUSING FOR LEASE PURCHASE BY LOW- AND MODERATE-INCOME FAMILIES.

SCHEDULE R PART IV

THE CORPORATIONS LISTED HAVE A PRIMARY ACTIVITY OF "PROPERTY MANAGEMENT". THESE CORPORATIONS MANAGE THE LOW- AND MODERATE-INCOME HOUSING WHOSE DEVELOPMENT WAS SPONSORED BY THE ORGANIZATION.

Name of the organization CLEVELAND HOUSING NETWORK, INC.	Employer identification number 34-1346763
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ATTACHMENT 1

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 KATE MONTER DURBAN ASST. DIRECTOR	40.00			X				94,744.	0.	2,870.
30 MARY SMIGELSKI DIRECTOR OF FINANCE	40.00			X				95,892.	0.	2,730.
31 PATRICK KENNEY COO	40.00					X		103,342.	0.	2,940.
32 ROGER THOMAS SALES MANAGER	40.00					X		114,183.	0.	6,858.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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Name of the organization CLEVELAND HOUSING NETWORK, INC.	Employer identification number 34-1346763
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ATTACHMENT 2 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
GREATHOUSE HEATING AND COOLING 2995 SHELburn ST. AKRON, OH 44312	WEATHERIZATION SVC	262,801.
LAKE ERIE HEATING & COOLING 3140 WEST 32ND STREET CLEVELAND, OH 44109	WEATHERIZATION SVC	441,670.
DAVID FRYBERGER DBA OHIO INSULATING 577 FENN ROAD TALLMADGE, OH 44278	WEATHERIZATION SVC	162,266.
LACHOWICZ RENOVATION 1590 GRACE AVENUE LAKEWOOD, OH 44107	WEATHERIZATION SVC	233,955.
MICHAEL MILANO DBA MCM HOME SERVICES 1016 TIMOTHY LANE CLEVELAND, OH 44109	WEATHERIZATION SVC	153,372.
	TOTAL COMPENSATION	<u>1,254,064.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CLEVELAND HOUSING NETWORK, INC.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Employer identification number
34-1346763

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(1)	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	-----	-----	-----	-----	-----	-----
(2)	-----	-----	-----	-----	-----	-----
(3)	-----	-----	-----	-----	-----	-----
(4)	-----	-----	-----	-----	-----	-----
(5)	-----	-----	-----	-----	-----	-----
(6)	-----	-----	-----	-----	-----	-----

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	NHI, INC. 2999 PAYNE AVENUE #306 CLEVELAND, OH 44114 34-1956653	SUPPORTING OR	OH	501 (C) (3)	11	N/A		X
(2)	-----	-----	-----	-----	-----	-----	-----	-----
(3)	-----	-----	-----	-----	-----	-----	-----	-----
(4)	-----	-----	-----	-----	-----	-----	-----	-----
(5)	-----	-----	-----	-----	-----	-----	-----	-----
(6)	-----	-----	-----	-----	-----	-----	-----	-----
(7)	-----	-----	-----	-----	-----	-----	-----	-----

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

JSA

0E1307 1.000

Schedule R (Form 990) 2010

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NOAH II LLC 01-0679346 2999 PAYNE AVENUE REAL ESTATE		OH	N/A	RELATED	-55,973.	-137,094.		X	0.		X	50.0000
(2) CARVER ASSOCIATES LLC 03-04543 2999 PAYNE AVENUE REAL ESTATE D		OH	N/A	RELATED	0.	0.		X	0.		X	
(3) OPPORTUNITY HOUSING CLEVELAND 2999 PAYNE AVENUE REAL ESTATE		OH	N/A	RELATED	350.	2,904,844.		X	0.		X	50.0000
(4) WEST ONE, LTD 34-1721526 2999 PAYNE AVENUE REAL ESTATE		OH	N/A	RELATED	-129,367.	-740,956.		X	0.		X	100.0000
(5) CLEVELAND MULTIFAMILY LP II 34 2999 PAYNE AVENUE REAL ESTATE		OH	N/A	RELATED	-86,777.	-382,760.		X			X	99.5000
(6) CLEVELAND NEW CONSTRUCTION LTD 2999 PAYNE AVENUE REAL ESTATE		OH	N/A	RELATED	281,148.	281,148.		X			X	100.0000
(7) CHN LP X 34-1738469 2999 PAYNE AVENUE REAL ESTATE		OH	N/A	RELATED	-3,125.	38,971.		X			X	100.0000

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) HOUSECO X, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	0.	0.	100.0000
(2) HOUSECO XI, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-147,226.	213,862.	75.0000
(3) HOUSECO XII, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-607,472.	13,847.	76.0000
(4) HOUSECO XIII, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-64,032.	89,267.	100.0000
(5) HOUSECO XIV, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-53.	-65,464.	100.0000
(6) HOUSECO XV, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-42.	-258.	100.0000
(7) HOUSECO XVI, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-102,272.	99,522.	100.0000

Schedule R (Form 990) 2010

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CHN LP XI 34-1772702 2999 PAYNE AVENUE REAL ESTATE		OH	N/A	RELATED	-147,226.	213,862.		X			X	100.0000
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) HOUSECO XVII, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114 34-1998787	PROPERTY MGMT	OH	N/A	C CORP	-47.	-579.	100.0000
(2) HOUSECO XVIII, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114 34-1998961	PROPERTY MGMT	OH	N/A	C CORP	-52.	-45,247.	100.0000
(3) HOUSECO XIX, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114 34-1963482	PROPERTY MGMT	OH	N/A	C CORP	-31.	245,479.	100.0000
(4) HOUSECO XX, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114 41-2062640	PROPERTY MGMT	OH	N/A	C CORP	-68.	111,666.	100.0000
(5) HOUSECO XXI, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114 76-0752101	PROPERTY MGMT	OH	N/A	C CORP	-52.	173,595.	100.0000
(6) INFILL I, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114 36-4025434	PROPERTY MGMT	OH	N/A	C CORP	4,615.	4,615.	100.0000
(7) INFILL II, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114 34-1806129	PROPERTY MGMT	OH	N/A	C CORP	-1,325.	-18,158.	52.0000

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) INFILL III, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114 02-0559951	PROPERTY MGMT	OH	N/A	C CORP	-41.	-4,342.	100.0000
(2) BRIEVIEW HOMES I CORP 2999 PAYNE AVENUE CLEVELAND, OH 44114 01-0607644	PROPERTY MGMT	OH	N/A	C CORP	-22.	249,277.	100.0000
(3) BRIEVIEW HOMES II CORP 2999 PAYNE AVENUE CLEVELAND, OH 44114 36-4511575	PROPERTY MGMT	OH	N/A	C CORP	0.	0.	100.0000
(4) EAST SIDE NEIGHBORHOOD HOMES 2999 PAYNE AVENUE CLEVELAND, OH 44114 13-4217057	PROPERTY MGMT	OH	N/A	C CORP	-22.	-12,683.	100.0000
(5) WEST I CORPORATION 2999 PAYNE AVENUE CLEVELAND, OH 44114 01-3735249	PROPERTY MGMT	OH	N/A	C CORP	-17.	-75.	100.0000
(6) BIE SQUARE APARTMENTS II, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114 14-1893981	PROPERTY MGMT	OH	N/A	C CORP	-31.	-449,840.	100.0000
(7) HOMECO HOMES 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-1210923	PROPERTY MGMT	OH	N/A	C CORP	0.	0.	100.0000

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) STOCKYARD HOMES I, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-3185289	PROPERTY MGMT	OH	N/A	C CORP	-30.	-2,088.	100.0000
(2) EMERALD ALLIANCE II, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-3185147	PROPERTY MGMT	OH	N/A	C CORP	-37.	1,846,632.	100.0000
(3) CLEVELAND NEW CONSTRUCTION HOMES IV 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-5124586	PROPERTY MGMT	OH	N/A	C CORP	-28.	-2,851.	100.0000
(4) SLAVIC VILLAGE HOMES, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-5124631	PROPERTY MGMT	OH	N/A	C CORP	-24.	-2,076.	100.0000
(5) HOUSECO, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114 34-1660978	PROPERTY MGMT	OH	N/A	C CORP	273,408.	315,504.	100.0000
(6) RAINBOW PLACE APARTMENTS, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-4216859	PROPERTY MGMT	OH	N/A	C CORP	-21.	1,632,482.	.0130
(7) SOUTH POINTE COMMONS, INC. 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-5124526	PROPERTY MGMT	OH	N/A	C CORP	-46.	2,238,651.	100.0000

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) EDGEWOOD PARK, INC. 26-0690559 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-15.	347,959.	51.0000
(2) CLEVELAND GREEN HOMES EAST, INC. 26-3068728 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-30.	70.	100.0000
(3) CLEVELAND GREEN HOMES, INC. 26-3397957 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-116.	-16.	100.0000
(4) BRIEFVIEW VILLAGE HOMES II CORP 20-8647115 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-47.	-2,151.	100.0000
(5) NETWORK RESTORATION, INC. 34-1524244 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	-86,777.	-382,760.	100.0000
(6) EMERALD ALLIANCE V 27-0683854 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	142.	142.	100.0000
(7) CLEVELAND GREEN HOMES II, INC. 27-0676197 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MGMT	OH	N/A	C CORP	0.	0.	100.0000

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) -----										
(2) -----										
(3) -----										
(4) -----										
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(6) -----										
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(11) -----										
(12) -----										
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(14) -----										
(15) -----										
(16) -----										

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
