

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2006

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 01-01-2006 and ending 12-31-2006

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

C Name of organization: CLEVELAND HOUSING NETWORK. Number and street: 2999 PAYNE AVENUE. City or town: CLEVELAND, OH 44114

D Employer identification number: 34-1346763. E Telephone number: (216) 574-7100. F Accounting method: Accrual

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

G Web site: www.chnnet.com

J Organization type: 501(c)(3)

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts: 22,845,542

H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? H(b) If "Yes" enter number of affiliates. H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number. M Check if the organization is not required to attach Sch B

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets at beginning of year, Other changes in net assets, Net assets at end of year.

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash \$ ⁰ _____ noncash \$ ⁰ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ ⁰ _____ noncash \$ ⁰ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule) <input checked="" type="checkbox"/>	23	10,845,043	10,845,043	
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	288,553	254,653	28,633
b Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	4,332,434	3,823,449	429,902
27 Pension plan contributions not included on lines 25a, b and c	27	109,908	96,996	10,906
28 Employee benefits not included on lines 25a - 27	28	811,081	715,793	80,483
29 Payroll taxes	29	493,832	435,816	49,002
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	388,845	331,877	51,145
34 Telephone	34	235,050	222,346	11,599
35 Postage and shipping	35			
36 Occupancy	36	189,593	153,533	32,924
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41	85,080	57,220	27,860
42 Depreciation, depletion, etc. (attach schedule)	42	50,264	26,620	23,644
43 Other expenses not covered above (itemize)				
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	21,339,252	20,310,551	810,002

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$⁰ _____, (ii) the amount allocated to Program services \$⁰ _____, (iii) the amount allocated to Management and general \$⁰ _____, and (iv) the amount allocated to Fundraising \$⁰ _____

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

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

<p>What is the organization's primary exempt purpose? ▶ THE ORGANIZATION OPERATES FOR THE PRIMARY PURPOSES OF ASSISTING LOW INCOME INDIVIDUALS AND REVITALIZING AND STABILIZING COMMUNITY NEIGHBORHOODS. IT ACCOMPLISHES THESE CHARITABLE PURPOSES BY DEVELOPING AFFORDABLE HOMES FOR LOW AND MODERATE INCOME FAMILIES IN INNER-CITY NEIGHBORHOODS AND PROVIDING FAMILIES WITH PROGRAMS, FINANCIAL ASSISTANCE, TRAINING, AND SKILL DEVELOPMENT. IN PART, TO CREATE OPPORTUNITIES FOR LONG TERM HOME OWNERSHIP IN THESE NEIGHBORHOODS.</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a Weatherization of residential properties owned or leased by low income residents, thereby reducing their utility costs, provision of utility bill assistance, lead and mold abatement programs, and energy conservation programs to low income households.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>11,538,872</p>
<p>b Acquisition, rehab/construction, and maintenance of residential, inner-city properties. Operation of lease-purchase program with subsidized rents for low income residents, operation of primarily first-time homebuyer program creating home ownership opportunities for low & moderate income families.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>6,971,464</p>
<p>c Financial assistance, skill development, job training, and referral services to achieve self-sufficiency and transition from public assistance for low income families in inner-city neighborhoods, computer training skills and provision of computer equipment to low income residents.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>1,800,215</p>
<p>d _____ _____ _____</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	<p>20,310,551</p>

Part IV Balance Sheets (See the instructions.)

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	45 Cash—non-interest-bearing		2,911,978	45	23,911	
	46 Savings and temporary cash investments			46	3,519,558	
	47a Accounts receivable	47a	7,378,603			
	b Less allowance for doubtful accounts	47b		6,784,641	47c	7,378,603
	48a Pledges receivable	48a				
	b Less allowance for doubtful accounts	48b			48c	
	49 Grants receivable		2,836,319	49	4,835,343	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a		
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b		
	51a Other notes and loans receivable (attach schedule)	51a	34,370,641			
	b Less allowance for doubtful accounts	51b		37,661,815	51c	34,370,641
	52 Inventories for sale or use		17,835,946	52	12,486,671	
	53 Prepaid expenses and deferred charges		571,296	53	302,619	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54a	0	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b		
55a Investments—land, buildings, and equipment basis	55a					
b Less accumulated depreciation (attach schedule)	55b			55c		
56 Investments—other (attach schedule)			56			
57a Land, buildings, and equipment basis	57a	2,174,042				
b Less accumulated depreciation (attach schedule)	57b	525,220	943,817	57c	1,648,822	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)			11,022,672	58 <input type="checkbox"/>	11,847,355	
59 Total assets (must equal line 74) Add lines 45 through 58			80,568,484	59	76,413,523	
Liabilities	60 Accounts payable and accrued expenses		4,144,552	60	3,477,106	
	61 Grants payable			61		
	62 Deferred revenue		1,256,355	62	998,202	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)		57,800,234		64b	53,107,598
	65 Other liabilities (describe <input type="checkbox"/> _____)		640,363		65 <input type="checkbox"/>	597,347
66 Total liabilities Add lines 60 through 65			63,841,504	66	58,180,253	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67 Unrestricted		15,673,480	67	17,212,470	
	68 Temporarily restricted		228,500	68	195,800	
	69 Permanently restricted		825,000	69	825,000	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70 Capital stock, trust principal, or current funds			70		
	71 Paid-in or capital surplus, or land, building, and equipment fund			71		
	72 Retained earnings, endowment, accumulated income, or other funds			72		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)			16,726,980	73	18,233,270
	74 Total liabilities and net assets / fund balances Add lines 66 and 73			80,568,484	74	76,413,523

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No

If "Yes," enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92** _____

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a SERVICE FEES					4,965,400
b RENTAL INCOME					385,193
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	436,224	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					2,384,124
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a LOSS ON SALE OF					
b HOUSES					-211,977
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				436,224	7,522,740
105 Total (add line 104, columns (B), (D), and (E))					7,958,964

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
See Additional Data Table	%			
	%			
	%			
	%			

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

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

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

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

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
		No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No
		No

Please Sign Here

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.

***** Signature of officer	2007-11-15 Date
ROBERT S CURRY EXECUTIVE DIRECTOR Type or print name and title	

Paid Preparer's Use Only	Preparer's signature ALANE L BOFFA	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 COHEN & COMPANY LTD 1350 EUCLID AVE SUITE 800 CLEVELAND, OH 44115			EIN Phone no (800) 229-1099

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

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2006

Department of the
Treasury
Internal Revenue
Service

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

Name of the organization
CLEVELAND HOUSING NETWORK

Employer identification number

34-1346763

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ROGER THOMAS 2999 PAYNE AVENUE CLEVELAND, OH 44114	SALES AND MKTG DIR 40 0	87,560	2,587	0
MATT FROST 2999 PAYNE AVENUE CLEVELAND, OH 44114	DIRECTOR REAL ESTATE 40 0	100,175	0	0
ELIZABETH HERNANDEZ 2999 PAYNE AVENUE CLEVELAND, OH 44114	DIRECTOR OF PROPERTY 40 0	85,822	2,548	0
DEJUAN PERRYMOND 2999 PAYNE AVENUE CLEVELAND, OH 44114	DIRECTOR OF IT 40 0	86,830	2,505	0
MARY SMIGELSKI 2999 PAYNE AVENUE CLEVELAND, OH 44114	DIRECTOR FINANCE 40 0	83,778	2,400	0
Total number of other employees paid over \$50,000	17			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services		

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Lachowicz Renovations 1590 Grave Ave Up CLEVELAND, OH 44107	Builder	189,737
Ohio Insulation 12506 Edgewater Drive CLEVELAND, OH 44107	Builder	182,948
E and M Contractor 7205 Bridlewood Drive PAINESVILLE, OH 44024	Builder	222,194
Mullins Construction PO Box 200 BEREA, OH 44017	Builder	201,371
G E Construction COMPANY 11107 Ashbury Ave Apt 2 CLEVELAND, OH 44113	Builder	239,619
Total number of other contractors receiving over \$50,000 for other services	10	

Part III Statements About Activities (See page 2 of the instructions.)**Yes No**

1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1		No
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) ☹️ a Sale, exchange, or leasing property?	2a	Yes	
b Lending of money or other extension of credit?	2b		No
c Furnishing of goods, services, or facilities?	2c		No
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e Transfer of any part of its income or assets?	2e		No
3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b Did the organization have a section 403(b) annuity plan for its employees?	3b		No
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b Did the organization make any taxable distributions under section 4966?	4b		No
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d Enter the total number of donor advised funds owned at the end of the tax year ► _____			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0 _____			
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0 _____			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

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

 Type I Type II Type III - Functionally Integrated Type III - Other
Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					▶

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part V Private School Questionnaire (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	

32 Does the organization maintain the following	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

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

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals

(b)
To be completed
for all electing
organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		0

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 13 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

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

Yes	No	Amount
	No	

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

TY 2006 Individual Assistance Schedule**Name:** CLEVELAND HOUSING NETWORK**EIN:** 34-1346763

Class of Activity	Amount
HOUSEWARMING MATERIALS AND LABOR	3,511,960
ELECTRIC WIRING MATERIALS AND LABOR	548,355
LEAD RELOCATION AND ABATEMENT	740,482
ENERGY ASSISTANCE AND WATER CONSERVATION	3,690,461
FAMILY DEVELOPMENT	1,002,004
CONSTRUCTION REHAB	1,351,781

Additional Data

Software ID:

Software Version:

EIN: 34-1346763

Name: CLEVELAND HOUSING NETWORK

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a CONTRACT MATERIALS	43a	605,848	605,848		
b MAINTENANCE	43b	406,976	401,313	5,171	492
c INSURANCE	43c	110,799	98,666	11,078	1,055
d PROPERTY MANAGEMENT FEES	43d	520,385	520,385		
e REAL ESTATE TAX	43e	62,127	60,936	1,087	104
f MISCELLANEOUS	43f	18,372	9,524	4,636	4,212
g PROFESSIONAL FEES	43g	510,721	376,192	41,932	92,597
h LOSS ON COLLECTION OF NOTE REC	43h	524,341	524,341		
i RESERVE FOR INVENTORY IMPAIRMT	43i	750,000	750,000		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
CAROLINE PEAK 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE 2 0	0	0	0
HELEN SMITH 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE 2 0	0	0	0
DAVE BAILEY 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE/BOARD SECRETARY 2 0	0	0	0
TERRANCE MCCLAIN 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE 2 0	0	0	0
PAUL ETTORRE 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE 2 0	0	0	0
KATHRYN JACKSON 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE 2 0	0	0	0
JOHN WEISS 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE 2 0	0	0	0
WILLIAM NEWSOME 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE 2 0	0	0	0
JOHN SHRIVER 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE 2 0	0	0	0
MAXINE GREENE 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE 2 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
WILLIAM TILLMAN 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE 2 0	0	0	0
ROBERT M BRLAS 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE 2 0	0	0	0
KRUME STOJANOVSKI 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE/BOARD TREASURER 2 0	0	0	0
JOHN SCHOENIGER 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE 2 0	0	0	0
MARK EVANS 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE 2 0	0	0	0
CAROLYNN GALLOWAY 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE/BOARD PRESIDENT 2 0	0	0	0
LORETTA HUNTER 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE/RESIDENT-LP PARTNERSHI 2 0	0	0	0
FRAN HUNTER 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE/BOARD VICE- PRESIDENT 2 0	0	0	0
PETER MEISEL 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE 2 0	0	0	0
SAHNARA HENDRIX 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE 2 0	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
CAROL FRIEDMAN 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE 2 0	0	0	0
NATE DAVIS 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE 2 0	0	0	0
JACSHICA LASTER 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE/RESIDENT LP- PARTNERSHI 2 0	0	0	0
TONY SPRING 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE 2 0	0	0	0
MARGARET GEORGE 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE 2 0	0	0	0
SCOTT NAGY 2999 PAYNE AVENUE CLEVELAND, OH 44114	TRUSTEE 2 0	0	0	0
ROBERT CURRY 2999 PAYNE AVENUE CLEVELAND, OH 44114	EXECUTIVE DIRECTOR 40 0	108,241	3,479	0
PATRICK KENNEY 2999 PAYNE AVENUE CLEVELAND, OH 44114	COO 40 0	92,910	2,730	0
KATE MONTER DURBAN 2999 PAYNE AVENUE CLEVELAND, OH 44114	ASST DIRECTOR 40 0	87,402	2,660	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
HOUSECO VII INC		X
HOUSECO VIII INC		X
HOUSECO IX INC		X
HOUSECO X INC		X
HOUSECO XI INC		X
HOUSECO XII INC		X
HOUSECO XIII INC		X
HOUSECO XIV INC		X
HOUSECO XV INC		X
HOUSECO XVI INC		X
HOUSECO XVII INC		X
HOUSECO XVIII INC		X
HOUSECO XIX INC		X
HOUSECO XX INC		X
HOUSECO XXI INC		X
NETWORK RESTORATION INC		X
INFILL I INC		X
INFILL II INC		X
INFILL III INC		X
ERIEVIEW HOMES I CORP		X
ERIEVIEW HOMES II CORP		X
EAST SIDE NEIGHBORHOOD HOMES CORP		X
WEST I CORPORATION		X
NOAH II LLC		X
HOMECO HOMES INC		X
ERIE SQUARE APARTMENTS II INC		X
NHI INC	X	
STOCKYARD HOMES I INC		X
EMERALD ALLIANCE II INC		X
HOUSECO XXII INC		X
CARVER ASSOCIATES LLC		X
CLEVELAND NEW CONSTRUCTION IV HOME INC		X
SLAVIC VILLAGE HOMES INC		X
HOUSECO INC		X
RAINBOW PLACE APARTMENTS INC		X
SOUTH POINTE COMMONS INC		X

Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	SERVICE FEES RECEIVED IN CONNECTION WITH THE DEVELOPMENT,
0	RENOVATION/CONSTRUCTION AND MANAGEMENT OF LOW AND MODERATE
0	INCOME INNER-CITY HOUSING
93B	RENTAL INCOME FROM LOW AND MODERATE INCOME FAMILIES
0	PARTICIPATING IN THE ORGANIZATION'S PROGRAMS TO PROVIDE
0	AFFORDABLE HOUSING IN CITY NEIGHBORHOODS
103	LOSSES INCURRED ON SALES OF HOUSING TO LOW TO MODERATE
0	INCOME RESIDENTS

Form 990, Part IX - Information Regarding Taxable Subsidiaries and Disregarded Entities:

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
HOUSECO VII 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1883062	7600 %	PROPERTY MANAGEMENT	36	0
HOUSECO VIII 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1883063	7500 %	PROPERTY MANAGEMENT	-24	-128
HOUSECO IX 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1883064	7500 %	PROPERTY MANAGEMENT	-191,878	-265,660
HOUSECO X INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1883065	7500 %	PROPERTY MANAGEMENT	-55	311,310
HOUSECO XI INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1883066	7500 %	PROPERTY MANAGEMENT	-44	808,644
HOUSECO XIIINC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1797722	7680 %	PROPERTY MANAGEMENT	-44	621,454

Form 990, Part IX - Information Regarding Taxable Subsidiaries and Disregarded Entities:

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
HOUSECO XIII INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1824876	10000 %	PROPERTY MANAGEMENT	-321	153,390
HOUSECO XIV INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1843895	10000 %	PROPERTY MANAGEMENT	-68	-66,830
HOUSECO XV INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1854311	10000 %	PROPERTY MANAGEMENT	-43	-90
HOUSECO XVI INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1876274	10000 %	PROPERTY MANAGEMENT	-50	201,943
HOUSECO XVII INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1898787	10000 %	PROPERTY MANAGEMENT	-49	-406
HOUSECO XVIII INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1938961	10000 %	PROPERTY MANAGEMENT	-34	-45,075

Form 990, Part IX - Information Regarding Taxable Subsidiaries and Disregarded Entities:

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
HOUSECO XIX INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1963482	10000 %	PROPERTY MANAGEMENT	-29	245,598
HOUSECO XX INC 2999 PAYNE AVENUE CLEVELAND, OH44114 41-2062640	10000 %	PROPERTY MANAGEMENT	-66	-154
HOUSECO XXI INC 2999 PAYNE AVENUE CLEVELAND, OH44114 76-0752101	10000 %	PROPERTY MANAGEMENT	-56	173,801
INFILL I INC 2999 PAYNE AVENUE CLEVELAND, OH44114 36-4025434	10000 %	PROPERTY MANAGEMENT	-1,410	9,255
INFILL II INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1806129	5200 %	PROPERTY MANAGEMENT	-1,550	-12,181
INFILL III INC 2999 PAYNE AVENUE CLEVELAND, OH44114 02-0559951	10000 %	PROPERTY MANAGEMENT	-49	-4,166

Form 990, Part IX - Information Regarding Taxable Subsidiaries and Disregarded Entities:

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
ERIEVIEW HOMES I CORP 2999 PAYNE AVENUE CLEVELAND, OH44114 01-0607644	10000 %	PROPERTY MANAGEMENT	-23	249,371
ERIEVIEW HOMES II CORP 2999 PAYNE AVENUE CLEVELAND, OH44114 36-4511575	10000 %	PROPERTY MANAGEMENT	-2,000	-2,000
EAST SIDE NEIGHBORHOOD HOMES 2999 PAYNE AVENUE CLEVELAND, OH44114 13-4217057	10000 %	PROPERTY MANAGEMENT	-63	-12,564
WEST I CORPORATION 2999 PAYNE AVENUE CLEVELAND, OH44114 01-3735249	10000 %	PROPERTY MANAGEMENT	-79,595	-26,504
NOAH II LLC 2999 PAYNE AVENUE CLEVELAND, OH44114 01-0679346	5000 %	PROPERTY MANAGEMENT	-75,634	-110,110
ERIE SQUARE APARTMENTS II INC 2999 PAYNE AVENUE CLEVELAND, OH44114 14-1893981	10000 %	PROPERTY MANAGEMENT	-18	449,945

Form 990, Part IX - Information Regarding Taxable Subsidiaries and Disregarded Entities:

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
HOMECO HOMES 2999 PAYNE AVENUE CLEVELAND, OH44114 20-1210923	10000 %	PROPERTY MANAGEMENT	0	0
STOCKYARD HOMES I INC 2999 PAYNE AVENUE CLEVELAND, OH44114 20-3185289	10000 %	PROPERTY MANAGEMENT	17	-1,983
EMERALD ALLIANCE II INC 2999 PAYNE AVENUE CLEVELAND, OH44114 20-3185147	10000 %	PROPERTY MANAGEMENT	-15	-2,015
HOUSECO XXII INC 2999 PAYNE AVENUE CLEVELAND, OH44114 41-2062640	10000 %	PROPERTY MANAGEMENT	0	0
CARVER ASSOCIATES LLC 2999 PAYNE AVENUE CLEVELAND, OH44114 03-0454329	10000 %	PROPERTY MANAGEMENT	0	0
CLEVELAND NEW CONSTRUCTION IV 2999 PAYNE AVENUE CLEVELAND, OH44114 20-5124686	10000 %	PROPERTY MANAGEMENT	-2,757	-2,757

Form 990, Part IX - Information Regarding Taxable Subsidiaries and Disregarded Entities:

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SLAVIC VILLAGE HOMES INC 2999 PAYNE AVENUE CLEVELAND, OH44114 20-5124631	10000 %	PROPERTY MANAGEMENT	-2,000	-2,000
HOUSECO INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1660978	10000 %	PROPERTY MANAGEMENT	0	0
RAINBOW PLACE APARTMENTS INC 2999 PAYNE AVENUE CLEVELAND, OH44114 20-4216859	10000 %	PROPERTY MANAGEMENT	-36,524	413,274
SOUTH POINTE COMMONS INC 2999 PAYNE AVENUE CLEVELAND, OH44114 20-5124526	10000 %	PROPERTY MANAGEMENT	-2,000	-2,000

TY 2006 Other Assets Schedule**Name:** CLEVELAND HOUSING NETWORK**EIN:** 34-1346763

Description	Beginning of Year Amount	End of Year Amount
MORTGAGES RECEIVABLE	514,529	296,332
INTEREST RECEIVABLE	10,508,143	11,551,023

TY 2006 Other Investment Income Schedule**Name:** CLEVELAND HOUSING NETWORK**EIN:** 34-1346763

Description	Amount
Interest income - Affiliated entities	2,384,124

TY 2006 Other Liabilities Schedule

Name: CLEVELAND HOUSING NETWORK

EIN: 34-1346763

Description	Beginning of Year Amount	End of Year Amount
DEFERRED INTEREST	640,363	597,347

TY 2006 Self Dealing Statement

Name: CLEVELAND HOUSING NETWORK

EIN: 34-1346763

Line Number	Explanation
2a	<p>IN 2006, CLEVELAND HOUSING NETWORK ("CHN") ENGAGED IN TWO TYPES OF TRANSACTIONS WITH MEMBERS OF ITS BOARD OF DIRECTORS. ONE OF CHN'S PRINCIPAL CHARITABLE PROGRAMS IS ITS HOME LEASE PURCHASE PROGRAM, PURSUANT TO WHICH INDIVIDUALS LEASE A HOME FOR 15 YEARS WITH THE EXPECTATION THAT THEY WILL PURCHASE THE PROPERTY IN YEAR 16 AT A PRICE BELOW FAIR MARKET VALUE. THE PURPOSE OF THE PROGRAM IS TO INCREASE HOME OWNERS IN INNER CITY NEIGHBORHOODS IN GREATER CLEVELAND, AND THE TERMS AND CONDITIONS OF THE PROGRAM ALLOW INDIVIDUALS WHO LIKELY WOULD NOT QUALIFY FOR CONVENTIONAL MORTGAGE FINANCING TO ACHIEVE HOME OWNERSHIP TO QUALIFY FOR PARTICIPATION IN THE LEASE PURCHASE PROGRAM. AN INDIVIDUAL'S FAMILY INCOME MUST BE 60% OR LESS OF THE AMI (AREA MEDIAN INCOME). CHN'S CODE OF REGULATIONS PROVIDES FOR THE INCLUSION ON ITS BOARD OF DIRECTORS OF TWO (2) INDIVIDUALS NOMINATED BY THE RESIDENTS ADVISORY COUNCIL, A COMMITTEE COMPRISED OF RESIDENTS OF THE NEIGHBORHOOD HOUSING MANAGED BY CHN. THE INDIVIDUALS NOMINATED BY THE RESIDENTS ADVISORY COUNCIL MUST THEMSELVES BE RESIDENTS OF CHN-MANAGED NEIGHBORHOOD HOUSING. IN THIS WAY, CHN ENSURES OPEN LINES OF COMMUNICATION BETWEEN CHN AND THE RESIDENTS OF THE NEIGHBORHOOD HOUSING CHN PROVIDES. IN ADDITION, CUYAHOGA COUNTY IMPOSES A REQUIREMENT ON CHN THAT A FORMERLY HOMELESS INDIVIDUAL OR FAMILY NOW PARTICIPATING IN ONE OF CHN'S PROGRAMS MUST BE INCLUDED AS A CHN BOARD MEMBER FOR CHN TO QUALIFY FOR COUNTY SUPPORT. TWO INDIVIDUALS ON CHN'S BOARD NOMINATED BY THE RESIDENTS ADVISORY COUNCIL ARE PARTICIPANTS IN THE LEASE PURCHASE PROGRAM, AND ONE FORMERLY HOMELESS INDIVIDUAL ON CHN'S BOARD PARTICIPATES IN THE LEASE PURCHASE PROGRAM. IN 2006, TWO OF THESE INDIVIDUALS LEASE A HOME FROM CHN AND THE OTHER PURCHASED A HOME FROM CHN. THESE INDIVIDUALS PARTICIPATED IN THE LEASE PURCHASE PROGRAM ON THE SAME BASIS AS ANY MEMBER OF THE PUBLIC, AND THEY EACH HAVE FAMILY INCOME EQUAL TO OR LESS THAN 60% OF AMI. IN ORDER TO RECEIVE THE BENEFITS OF THE ORGANIZATIONS' PROGRAMS, INDIVIDUALS OR FAMILIES MUST INCOME-QUALIFY BASED ON THEIR EARNINGS OR RECEIPT OF SUBSIDIES OR OTHER SUCH PAYMENTS BEING LESS THAN THE AREA MEAN INCOME AS DETERMINED BY THE MOST RECENT UNITED STATES CENSUS.</p>

Line Number

Explanation

2d

990 PART V

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Supplemental Support Schedule

Name: CLEVELAND HOUSING NETWORK

EIN: 34-1346763

Year	Gifts, Grants and Contributions Received	Membership Fees Received	Gross Receipts From Admissions, Etc.	Gross Investment Income And Post 1975UBI	Net UBI Pre 1975	Tax Revenues Levied For Organization's Benefit	Value Of Services, Facilities Furnished By Government	Other Income	Total
2005	15,820,655		4,686,757	2,472,171					22,979,583
2004	9,959,663		5,260,138	2,170,750					17,390,551
2003	12,053,065		3,778,570	1,857,358					17,688,993
2002	10,559,195		3,017,274	2,154,779					15,731,248