

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)

2007

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 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

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

Please use IRS label or print or type. See Specific Instructions.

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).

- 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?

G Web site: www.chnnet.com

J Organization type (check only one): 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 Add lines 6b, 8b, 9b, and 10b to line 12: 25,155,916

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 and activities, 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 or fund balances at beginning of year, Other changes in net assets, Net assets or fund balances 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 | 12,274,653 | 12,274,653 | |
| 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 | 297,387 | 263,181 | 30,524 |
| 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 | 4,929,922 | 4,362,868 | 506,014 |
| 27 Pension plan contributions not included on lines 25a, b and c | 27 | 124,351 | 110,047 | 12,764 |
| 28 Employee benefits not included on lines 25a - 27 | 28 | 772,418 | 683,572 | 79,282 |
| 29 Payroll taxes | 29 | 455,292 | 402,923 | 46,732 |
| 30 Professional fundraising fees | 30 | | | |
| 31 Accounting fees | 31 | | | |
| 32 Legal fees | 32 | | | |
| 33 Supplies | 33 | 364,177 | 306,487 | 52,847 |
| 34 Telephone | 34 | 98,881 | 94,567 | 4,108 |
| 35 Postage and shipping | 35 | | | |
| 36 Occupancy | 36 | 335,677 | 302,974 | 31,146 |
| 37 Equipment rental and maintenance | 37 | | | |
| 38 Printing and publications | 38 | | | |
| 39 Travel | 39 | | | |
| 40 Conferences, conventions, and meetings | 40 | | | |
| 41 Interest | 41 | 114,378 | 67,926 | 46,452 |
| 42 Depreciation, depletion, etc. (attach schedule) | 42 | 36,668 | 25,046 | 11,622 |
| 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 | 24,576,752 | 23,502,553 | 898,001 |

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 families, and revitalizing and stabilizing community neighborhoods. It accomplishes these charitable purposes by, a) Developing affordable homes for low and moderate income households in inner-city neighborhoods, b) Providing individuals and families with programs, financial assistance, training and skill development, and c) Creating 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>13,442,357</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>8,800,559</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>1,259,637</p> |
| <p>d</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</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>23,502,553</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 | | 23,911 | 45 | 123,065 | |
| | 46 Savings and temporary cash investments | | 3,519,558 | 46 | 4,421,586 | |
| | 47a Accounts receivable | 47a | 4,794,214 | | | |
| | b Less allowance for doubtful accounts | 47b | 62,500 | 7,378,603 | 47c | 4,731,714 |
| | 48a Pledges receivable | 48a | | | | |
| | b Less allowance for doubtful accounts | 48b | | | 48c | |
| | 49 Grants receivable | | 4,835,343 | 49 | 1,975,546 | |
| | 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 | 34,359,712 | | | |
| | b Less allowance for doubtful accounts | 51b | | 34,370,641 | 51c | 34,359,712 |
| | 52 Inventories for sale or use | | 12,486,671 | 52 | 8,189,985 | |
| | 53 Prepaid expenses and deferred charges | | 302,619 | 53 | 229,820 | |
| | 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 | 3,278,128 | | | | |
| b Less accumulated depreciation (attach schedule) | 57b | 538,347 | 1,648,822 | 57c | 2,739,781 | |
| 58 Other assets, including program-related investments (describe <input type="checkbox"/> _____) | | 11,847,355 | 58 | <input type="checkbox"/> | 13,294,633 | |
| 59 Total assets (must equal line 74) Add lines 45 through 58 | | 76,413,523 | 59 | | 70,065,842 | |
| Liabilities | 60 Accounts payable and accrued expenses | | 3,477,106 | 60 | 2,144,704 | |
| | 61 Grants payable | | | 61 | | |
| | 62 Deferred revenue | | 998,202 | 62 | 855,755 | |
| | 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) | | 53,107,598 | 64b | <input type="checkbox"/> | 47,698,186 |
| 65 Other liabilities (describe <input type="checkbox"/> _____) | | 597,347 | 65 | <input type="checkbox"/> | 554,763 | |
| 66 Total liabilities Add lines 60 through 65 | | 58,180,253 | 66 | | 51,253,408 | |
| 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 | | 17,212,470 | 67 | 17,821,634 | |
| | 68 Temporarily restricted | | 195,800 | 68 | 165,800 | |
| | 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) | | 18,233,270 | 73 | | 18,812,434 |
| | 74 Total liabilities and net assets / fund balances Add lines 66 and 73 | | 76,413,523 | 74 | | 70,065,842 |

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

| | | | |
|----------|--|-----------|------------|
| a | Total revenue, gains, and other support per audited financial statements | a | 25,155,916 |
| b | Amounts included on line a but not on Part I, line 12 | | |
| 1 | Net unrealized gains on investments | b1 | |
| 2 | Donated services and use of facilities | b2 | |
| 3 | Recoveries of prior year grants | b3 | |
| 4 | Other (specify) _____ | b4 | |
| | Add lines b1 through b4 | b | |
| c | Subtract line b from line a | c | 25,155,916 |
| d | Amounts included on Part I, line 12, but not on line a : | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | |
| 2 | Other (specify) _____ | d2 | |
| | Add lines d1 and d2 | d | |
| e | Total revenue (Part I, line 12) Add lines c and d | e | 25,155,916 |

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|----------|---|-----------|------------|
| a | Total expenses and losses per audited financial statements | a | 24,576,752 |
| b | Amounts included on line a but not on Part I, line 17 | | |
| 1 | Donated services and use of facilities | b1 | |
| 2 | Prior year adjustments reported on Part I, line 20 | b2 | |
| 3 | Losses reported on Part I, line 20 | b3 | |
| 4 | Other (specify) _____ | b4 | |
| | Add lines b1 through b4 | b | |
| c | Subtract line b from line a | c | 24,576,752 |
| d | Amounts included on Part I, line 17, but not on line a : | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | |
| 2 | Other (specify) _____ | d2 | |
| | Add lines d1 and d2 | d | |
| e | Total expenses (Part I, line 17) Add lines c and d | e | 24,576,752 |

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

| (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 |
|---------------------------|--|--|---|--|
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Part VI Other Information (continued)

| | | Yes | No |
|------------|--|------------|-----|
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | No |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) | 82b | |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | Yes | |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | Yes | |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 85 | 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? | | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year | | |
| c | Dues assessments, and similar amounts from members | 85c | |
| d | Section 162(e) lobbying and political expenditures | 85d | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | 85g | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | 85h | |
| 86 | 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 | 86a | 0 |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b | 0 |
| 87 | 501(c)(12) orgs. Enter a Gross income from members or shareholders | 87a | 0 |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 87b | 0 |
| 88a | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | 88a | Yes |
| b | At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI | 88b | Yes |
| 89a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u> | | |
| b | 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | No |
| c | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | 0 |
| d | Enter Amount of tax on line 89c, above, reimbursed by the organization | | 0 |
| e | All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction? | 89e | No |
| f | All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract? | 89f | No |
| g | For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 89g | |
| 90a | List the states with which a copy of this return is filed <u>OH</u> | | |
| b | Number of employees employed in the pay period that includes March 12, 2007 (See instructions) | 90b | 123 |
| 91a | The books are in care of <u>MARY SMIGELSKI</u> Telephone no <u>(216) 574-7100</u> <u>2999 PAYNE AVENUE</u> Located at <u>Cleveland, OH</u> ZIP + 4 <u>44114</u> | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country | 91b | No |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts | | |

Part VI Other Information (continued)

Yes No

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 | | | | | 6,235,345 |
| b RENTAL INCOME | | | | | 697,353 |
| 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 | 293,256 | |
| 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 | | | | | 2,375,871 |
| 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 | | | | | -1,035,888 |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | 293,256 | 8,272,681 |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 8,565,937 |

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) |
|----------|--|
| 93A | SERVICE FEES RECEIVED IN CONNECTION WITH THE DEVELOPMENT, |
| 93B | RENTAL INCOME FROM LOW AND MODERATE INCOME FAMILIES |
| 103 | LOSSES INCURRED ON SALES OF HOUSING TO LOW TO MODERATE |

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)

| | | | | Yes | No |
|--|---|---------------------------------------|--------------------------------|---------------------------|----|
| 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 | | | | | No |
| | (A) Name and address of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| Totals | | | | | |

| | | | | Yes | No |
|---|---|---------------------------------------|--------------------------------|---------------------------|----|
| 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 | | | | | No |
| | (A) Name and address of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| Totals | | | | | |

| | | Yes | No |
|--|--|-----|----|
| 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? | | | 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 | | |
| | ***** | 2008-11-15 | |
| | Signature of officer | 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 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 OFFICES LISTED AT WWWCOHENCPACOM, 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

2007

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

Department of the
Treasury
Internal Revenue
Service

Name of the organization
CLEVELAND HOUSING NETWORK

Employer identification number

34-1346763

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

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| ROGER THOMAS 2999 PAYNE AVENUE CLEVELAND, OH 44114 | SALES AND MKTG DIR 40 0 | 88,068 | 2,705 | 0 |
| MATT FROST 2999 PAYNE AVENUE CLEVELAND, OH 44114 | DIRECTOR REAL ESTATE 40 0 | 104,553 | 3,069 | 0 |
| ELIZABETH HERNANDEZ 2999 PAYNE AVENUE CLEVELAND, OH 44114 | DIRECTOR OF PROPERTY 40 0 | 88,717 | 2,778 | 0 |
| DEJUAN PERRYMOND 2999 PAYNE AVENUE CLEVELAND, OH 44114 | DIRECTOR OF IT 40 0 | 88,636 | 2,683 | 0 |
| MARY SAUNDERS 2999 PAYNE AVENUE CLEVELAND, OH 44114 | DIRECTOR FINANCE 40 0 | 100,825 | 2,459 | 0 |
| Total number of other employees paid over \$50,000 | 28 | | | |

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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 individual 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 |
|--|---------------------|------------------|
| CHAD BROWN COMPANIES 17411 WALDEN AVE CLEVELAND, OH 44128 | Builder | 116,993 |
| HOUSE AND STUFF 2448 JOHNNYCAKE RD WARREN, OH 44484 | Builder | 117,320 |
| GREATHOUSE HEATING AND COOLING 2995 SHELburn ST AKRON, OH 44312 | Builder | 132,215 |
| OHIO INSULATING 577 FENN RD TALLMADGE, OH 44278 | BUILDER | 138,036 |
| LACHOWICZ RENOVATION 1590 GRACE AVE LAKEWOOD, OH 44107 | BUILDER | 236,214 |
| Total number of other contractors receiving over \$50,000 for other services | 18 | |

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

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 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 11 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) 2007 | (b) 2006 | (c) 2005 | (d) 2004 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots nontaxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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

- 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

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 | 898,847 | 898,847 | | |
| b MAINTENANCE | 43b | 535,995 | 530,881 | 4,870 | 244 |
| c INSURANCE | 43c | 153,902 | 140,547 | 12,719 | 636 |
| d PROPERTY MANAGEMENT FEES | 43d | 554,087 | 554,087 | | |
| e REAL ESTATE TAX | 43e | 129,078 | 128,531 | 521 | 26 |
| f MISCELLANEOUS | 43f | 26,240 | 25,293 | 188 | 759 |
| g PROFESSIONAL FEES | 43g | 518,614 | 383,596 | 56,290 | 78,728 |
| h LOSS ON COLLECTION OF NOTE REC | 43h | 1,338,580 | 1,338,580 | | |
| i RESERVE FOR INVENTORY IMPAIRMT | 43i | 350,000 | 350,000 | | |
| j BAD DEBT EXPENSE | 43j | 231,760 | 223,396 | 1,664 | 6,700 |
| k BANK CHARGES | 43k | 4,959 | 4,780 | 36 | 143 |
| l DUES & SUBSCRIPTIONS | 43l | 15,986 | 15,409 | 115 | 462 |
| m ADDT'L LOSS ON PROP SOLD IN 06 | 43m | 14,900 | 14,362 | 107 | 431 |

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 |
|---|---|---|--|---|
| CAROLYNN GALLOWAY 2999 PAYNE AVENUE CLEVELAND, OH 44114 | TRUSTEE/BOARD PRESIDENT 2 0 | 0 | 0 | 0 |
| KRUME STOJANOVSKI 2999 PAYNE AVENUE CLEVELAND, OH 44114 | TRUSTEE/BOARD VP 2 0 | 0 | 0 | 0 |
| PETER MEISEL 2999 PAYNE AVENUE CLEVELAND, OH 44114 | TRUSTEE/BOARD TREASURER 2 0 | 0 | 0 | 0 |
| DAVE BAILEY 2999 PAYNE AVENUE CLEVELAND, OH 44114 | TRUSTEE/BOARD SECRETARY 2 0 | 0 | 0 | 0 |
| ROBERT M BRLAS 2999 PAYNE AVENUE CLEVELAND, OH 44114 | TRUSTEE 2 0 | 0 | 0 | 0 |
| RANDY BUCHKO 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 |
| PAUL ETTORRE 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 |
| CAROL FRIEDMAN 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 |
|---|---|---|--|---|
| KARL GARTNER 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 |
| MAXINE GREENE 2999 PAYNE AVENUE CLEVELAND, OH 44114 | TRUSTEE 2 0 | 0 | 0 | 0 |
| MIKE GRIFFIN 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 |
| FRAN HUNTER 2999 PAYNE AVENUE CLEVELAND, OH 44114 | TRUSTEE 2 0 | 0 | 0 | 0 |
| LORETTA HUNTER 2999 PAYNE AVENUE CLEVELAND, OH 44114 | TRUSTEE/RESIDENT 2 0 | 0 | 0 | 0 |
| KATHRYN JACKSON 2999 PAYNE AVENUE CLEVELAND, OH 44114 | TRUSTEE 2 0 | 0 | 0 | 0 |
| JACSHICA LASTER 2999 PAYNE AVENUE CLEVELAND, OH 44114 | TRUSTEE/RESIDENT LP 2 0 | 0 | 0 | 0 |
| GAIL LONG 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 |
|--|---|---|--|---|
| CARL MAGGIORA 2999 PAYNE AVENUE CLEVELAND, OH 44114 | TRUSTEE 2 0 | 0 | 0 | 0 |
| TERRANCE MCCLAIN 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 |
| JOHN SHRIVER 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 |
| WILLIAM TILLMAN 2999 PAYNE AVENUE CLEVELAND, OH 44114 | TRUSTEE 2 0 | 0 | 0 | 0 |
| JIM VECCHIO 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 |
| ROBERT CURRY 2999 PAYNE AVENUE CLEVELAND, OH 44114 | EXECUTIVE DIRECTOR 40 0 | 111,074 | 3,604 | 0 |
| KATE MONTER DURBAN 2999 PAYNE AVENUE CLEVELAND, OH 44114 | ASST DIRECTOR 40 0 | 89,172 | 2,751 | 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 |
|--|---|---|--|---|
| PATRICK KENNEY 2999 PAYNE AVENUE CLEVELAND, OH 44114 | COO 40 0 | 96,952 | 2,829 | 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 |
|--|--------|-----------|
| EDGEWOOD PARK 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 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 IX 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1883064 | 7500 % | PROPERTY MANAGEMENT | -386,496 | -389,692 |
| HOUSECO X INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1883065 | 7500 % | PROPERTY MANAGEMENT | -25 | -311,285 |
| HOUSECO XI INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1883066 | 7500 % | PROPERTY MANAGEMENT | -54 | 808,590 |
| HOUSECO XIIINC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1797722 | 7680 % | PROPERTY MANAGEMENT | -62 | 621,344 |
| HOUSECO XIIIINC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1824876 | 10000 % | PROPERTY MANAGEMENT | -31 | 153,359 |
| HOUSECO XIV INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1843895 | 10000 % | PROPERTY MANAGEMENT | -58 | -65,286 |

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 XV INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1854311 | 10000 % | PROPERTY MANAGEMENT | -40 | -130 |
| HOUSECO XVI INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1876274 | 10000 % | PROPERTY MANAGEMENT | -49 | 201,894 |
| HOUSECO XVII INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1898787 | 10000 % | PROPERTY MANAGEMENT | -43 | -449 |
| HOUSECO XVIII INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1938961 | 10000 % | PROPERTY MANAGEMENT | -37 | -45,112 |
| HOUSECO XIX INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1963482 | 10000 % | PROPERTY MANAGEMENT | -25 | 245,573 |
| HOUSECO XX INC 2999 PAYNE AVENUE CLEVELAND, OH44114 41-2062640 | 10000 % | PROPERTY MANAGEMENT | -57 | 111,864 |

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 XXI INC 2999 PAYNE AVENUE CLEVELAND, OH44114 76-0752101 | 10000 % | PROPERTY MANAGEMENT | -44 | 173,757 |
| INFILL I INC 2999 PAYNE AVENUE CLEVELAND, OH44114 36-4025434 | 10000 % | PROPERTY MANAGEMENT | -1,380 | 7,875 |
| INFILL II INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1806129 | 5200 % | PROPERTY MANAGEMENT | -1,502 | -13,683 |
| INFILL III INC 2999 PAYNE AVENUE CLEVELAND, OH44114 02-0559951 | 10000 % | PROPERTY MANAGEMENT | -48 | -4,214 |
| ERIEVIEW HOMES I CORP 2999 PAYNE AVENUE CLEVELAND, OH44114 01-0607644 | 10000 % | PROPERTY MANAGEMENT | -25 | 249,346 |
| ERIEVIEW HOMES II CORP 2999 PAYNE AVENUE CLEVELAND, OH44114 36-4511575 | 10000 % | PROPERTY MANAGEMENT | 2,000 | 0 |

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 |
|--|---|-------------------------------------|-----------------------------|---------------------------------------|
| EAST SIDE NEIGHBORHOOD HOMES 2999 PAYNE AVENUE CLEVELAND, OH44114 13-4217057 | 10000 % | PROPERTY MANAGEMENT | -32 | -12,596 |
| WEST I CORPORATION 2999 PAYNE AVENUE CLEVELAND, OH44114 01-3735249 | 10000 % | PROPERTY MANAGEMENT | -134,181 | -160,685 |
| NOAH II LLC 2999 PAYNE AVENUE CLEVELAND, OH44114 01-0679346 | 5000 % | PROPERTY MANAGEMENT | 29,516 | -80,594 |
| ERIE SQUARE APARTMENTS II INC 2999 PAYNE AVENUE CLEVELAND, OH44114 14-1893981 | 10000 % | PROPERTY MANAGEMENT | -24 | 449,921 |
| 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 | -19 | -2,002 |

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 |
|--|---|-------------------------------------|-----------------------------|---------------------------------------|
| EMERALD ALLIANCE II INC 2999 PAYNE AVENUE CLEVELAND, OH44114 20-3185147 | 10000 % | PROPERTY MANAGEMENT | 0 | 937,115 |
| 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 | -8 | -2,765 |
| SLAVIC VILLAGE HOMES INC 2999 PAYNE AVENUE CLEVELAND, OH44114 20-5124631 | 10000 % | PROPERTY MANAGEMENT | -9 | 1,991 |
| HOUSECO INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1660978 | 10000 % | PROPERTY MANAGEMENT | 0 | 0 |

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 |
|--|---|-------------------------------------|-----------------------------|---------------------------------------|
| RAINBOW PLACE APARTMENTS INC 2999 PAYNE AVENUE CLEVELAND, OH44114 20-4216859 | 10000 % | PROPERTY MANAGEMENT | -413,220 | 54 |
| SOUTH POINTE COMMONS INC 2999 PAYNE AVENUE CLEVELAND, OH44114 20-5124526 | 10000 % | PROPERTY MANAGEMENT | 0 | 106,000 |
| EDGEWOOD PARK INC 2999 PAYNE AVE CLEVELAND, OH44114 26-0690559 | 5100 % | PROPERTY MANAGEMENT | -1,033 | -1,033 |

TY 2007 Individual Assistance Schedule**Name:** CLEVELAND HOUSING NETWORK**EIN:** 34-1346763

| Class of Activity | Amount |
|--|---------------|
| HOUSEWARMING MATERIALS AND LABOR | 3,081,533 |
| ELECTRIC WIRING MATERIALS AND LABOR | 477,230 |
| LEAD RELOCATION AND ABATEMENT | 287,868 |
| ENERGY ASSISTANCE AND WATER CONSERVATION | 6,118,810 |
| FAMILY DEVELOPMENT | 308,587 |
| CONSTRUCTION REHAB | 1,300,125 |
| HUD DISCOUNT | 700,500 |

TY 2007 Mortgages and Notes Payable Schedule

Name: CLEVELAND HOUSING NETWORK

EIN: 34-1346763

Total Mortgage Amount: 47698186

| | |
|--|---|
| Item No. | 1 |
| Lender's Name | LINES OF CREDIT |
| Lender's Title | |
| Relationship to Insider | |
| Original Amount of Loan | |
| Balance Due | 6691070 |
| Date of Note | |
| Maturity Date | 2008-12 |
| Repayment Terms | |
| Interest Rate | |
| Security Provided by Borrower | LAND & BUILDINGS |
| Purpose of Loan | ACQUISITION AND CONSTRUCTION OF PROPERTIES. |
| Description of Lender Consideration | |
| Consideration FMV | |

| | |
|--|---------|
| Item No. | 2 |
| Lender's Name | LISC |
| Lender's Title | |
| Relationship to Insider | |
| Original Amount of Loan | |
| Balance Due | 165973 |
| Date of Note | |
| Maturity Date | 2013-01 |
| Repayment Terms | |
| Interest Rate | 4.5 |
| Security Provided by Borrower | NONE |
| Purpose of Loan | |
| Description of Lender Consideration | |
| Consideration FMV | |

| | |
|--|--------------------------------------|
| Item No. | 3 |
| Lender's Name | CITY OF CLEVELAND STATE OF OHIO |
| Lender's Title | |
| Relationship to Insider | |
| Original Amount of Loan | |
| Balance Due | 31138728 |
| Date of Note | |
| Maturity Date | |
| Repayment Terms | ALL INTEREST AND PRINCIPAL DEFERRED. |
| Interest Rate | |
| Security Provided by Borrower | |
| Purpose of Loan | |
| Description of Lender Consideration | |
| Consideration FMV | |

| | |
|--|--|
| Item No. | 4 |
| Lender's Name | CITY OF CLEVELAND |
| Lender's Title | |
| Relationship to Insider | |
| Original Amount of Loan | |
| Balance Due | 600000 |
| Date of Note | |
| Maturity Date | 2012-12 |
| Repayment Terms | NO INTEREST OR PRINCIPAL THROUGH 2012. |
| Interest Rate | 6.75 |
| Security Provided by Borrower | COLLATERALIZED BY MORTGAGES. |
| Purpose of Loan | |
| Description of Lender Consideration | |
| Consideration FMV | |

| | |
|--|--|
| Item No. | 5 |
| Lender's Name | BANK |
| Lender's Title | |
| Relationship to Insider | |
| Original Amount of Loan | |
| Balance Due | 2708000 |
| Date of Note | |
| Maturity Date | |
| Repayment Terms | |
| Interest Rate | |
| Security Provided by Borrower | COLLATERALIZED BY ASSIGNMENT OF LEASES & MORT. |
| Purpose of Loan | |
| Description of Lender Consideration | |
| Consideration FMV | |

| | |
|--|--|
| Item No. | 6 |
| Lender's Name | COMMUNITY DEVELOPMENT BLOCK GRANTS |
| Lender's Title | |
| Relationship to Insider | |
| Original Amount of Loan | |
| Balance Due | 137025 |
| Date of Note | |
| Maturity Date | |
| Repayment Terms | DEBT FORGIVEN IF CERTAIN PROVISIONS MET. |
| Interest Rate | 0.0 |
| Security Provided by Borrower | NONE |
| Purpose of Loan | |
| Description of Lender Consideration | |
| Consideration FMV | |

| | |
|--|----------------------------|
| Item No. | 7 |
| Lender's Name | BANK |
| Lender's Title | |
| Relationship to Insider | |
| Original Amount of Loan | |
| Balance Due | 500000 |
| Date of Note | |
| Maturity Date | 2012-07 |
| Repayment Terms | INTEREST PAYABLE QUARTERLY |
| Interest Rate | 4.0 |
| Security Provided by Borrower | NONE |
| Purpose of Loan | |
| Description of Lender Consideration | |
| Consideration FMV | |

| | |
|--|----------------------------|
| Item No. | 8 |
| Lender's Name | BANK |
| Lender's Title | |
| Relationship to Insider | |
| Original Amount of Loan | |
| Balance Due | 2000000 |
| Date of Note | |
| Maturity Date | 2017-04 |
| Repayment Terms | INTEREST PAYABLE QUARTERLY |
| Interest Rate | 4.0 |
| Security Provided by Borrower | NONE |
| Purpose of Loan | |
| Description of Lender Consideration | |
| Consideration FMV | |

| | |
|--|-----------------------------------|
| Item No. | 9 |
| Lender's Name | ESIC NEW MARKETS PARTNERS X LP |
| Lender's Title | |
| Relationship to Insider | |
| Original Amount of Loan | |
| Balance Due | 3757390 |
| Date of Note | |
| Maturity Date | 2009-12 |
| Repayment Terms | INTEREST AT 4.5% PAYABLE MONTHLY. |
| Interest Rate | 4.5 |
| Security Provided by Borrower | NONE |
| Purpose of Loan | |
| Description of Lender Consideration | |
| Consideration FMV | |

TY 2007 Other Assets Schedule**Name:** CLEVELAND HOUSING NETWORK**EIN:** 34-1346763

| Description | Beginning of Year Amount | End of Year Amount |
|----------------------|---------------------------------|---------------------------|
| MORTGAGES RECEIVABLE | 296,332 | 391,632 |
| INTEREST RECEIVABLE | 11,551,023 | 12,903,001 |

TY 2007 Other Investment Income Schedule**Name:** CLEVELAND HOUSING NETWORK**EIN:** 34-1346763

| Description | Amount |
|---------------------------------------|---------------|
| Interest income - Affiliated entities | 2,375,871 |

TY 2007 Other Liabilities Schedule

Name: CLEVELAND HOUSING NETWORK

EIN: 34-1346763

| Description | Beginning of Year Amount | End of Year Amount |
|-------------------|--------------------------|--------------------|
| DEFERRED INTEREST | 597,347 | 554,763 |

TY 2007 Employee Compensation Explanation

Name: CLEVELAND HOUSING NETWORK

EIN: 34-1346763

| Employee | Explanation |
|---------------------|-------------|
| ROGER THOMAS | |
| MATT FROST | |
| ELIZABETH HERNANDEZ | |
| DEJUAN PERRYMOND | |
| MARY SAUNDERS | |

TY 2007 Self Dealing Statement

Name: CLEVELAND HOUSING NETWORK

EIN: 34-1346763

| Line Number | Explanation |
|-------------|---|
| 2a | <p>BACKGROUND: 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 PROVIDE INCREASED ACCESS TO HOME OWNERSHIP IN INNER CITY NEIGHBORHOODS IN GREATER CLEVELAND. THE TERMS AND CONDITIONS OF THE PROGRAM ALLOW INDIVIDUALS AND FAMILIES, WHOSE INABILITY TO QUALIFY FOR CONVENTIONAL MORTGAGE FINANCING HAS PREVENTED HOME OWNERSHIP, TO QUALIFY FOR PARTICIPATION IN THE LEASE PURCHASE PROGRAM. IN ORDER TO QUALIFY, A PARTICIPANT'S HOUSEHOLD INCOME MUST BE 60% OR LESS OF THE AMI (AREA MEDIAN INCOME.) IN 2007, CLEVELAND HOUSING NETWORK ("CHN") ENGAGED IN TWO TYPES OF TRANSACTIONS WITH MEMBERS OF ITS BOARD OF DIRECTORS. 1. CHN'S CODE OF REGULATIONS PROVIDES FOR THE INCLUSION ON ITS BOARD OF DIRECTORS OF TWO (2) INDIVIDUALS NOMINATED BY THE RESIDENT ADVISORY COUNCIL (RAC), A COMMITTEE COMPRISED OF RESIDENTS OF NEIGHBORHOOD HOUSING MANAGED BY CHN. THE INDIVIDUALS NOMINATED BY THE RAC MUST THEMSELVES BE RESIDENTS OF CHN-MANAGED NEIGHBORHOOD HOUSING. IN THIS WAY, CHN ENSURES OPEN LINES OF COMMUNICATION BETWEEN CHN AND THE RESIDENTS OF HOUSING CHN PROVIDES. 2. IN ADDITION, CUYAHOGA COUNTY IMPOSES A REQUIREMENT ON CHN THAT A FORMERLY HOMELESS INDIVIDUAL OR FAMILY MEMBER WHO PARTICIPATED IN ONE OF CHN'S PROGRAMS MUST BE INCLUDED AS A CHN BOARD MEMBER 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 ADDITION, A FORMER RAC-NOMINATED INDIVIDUAL CONTINUES TO SERVE ON CHN'S BOARD. THIS DIRECTOR TOOK TITLE TO HER LEASE PURCHASE HOME IN 2004, AND NO LONGER PARTICIPATES IN THE PROGRAM. THESE INDIVIDUALS PARTICIPATED IN THE LEASE PURCHASE PROGRAM ON THE SAME BASIS AS ANY MEMBER OF THE PUBLIC, HAVING TOTAL HOUSEHOLD INCOME EQUAL TO OR LESS THAN 60% OF AMI AS DETERMINED BY THE UNITED STATES CENSUS ON THE DATE OF INITIAL PROGRAM PARTICIPATION.</p> |
| 2d | 990 PART V |

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

TY 2007 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 |
|------|--|--------------------------|--------------------------------------|--|------------------|--|---|--------------|------------|
| 2007 | 13,885,756 | | 5,138,616 | 2,820,348 | | | | | 21,844,720 |
| 2004 | 15,820,655 | | 4,686,757 | 2,472,171 | | | | | 22,979,583 |
| 2003 | 9,959,663 | | 5,260,138 | 2,170,750 | | | | | 17,390,551 |
| 2002 | 12,053,065 | | 3,778,570 | 1,857,358 | | | | | 17,688,993 |