

Form **990**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0047
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

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

C Name of organization
 CLEVELAND HOUSING NETWORK INC
 Doing Business As
 Number and street (or P O box if mail is not delivered to street address) Room/suite
 2999 PAYNE AVENUE
 City or town, state or country, and ZIP + 4
 CLEVELAND, OH 44114

D Employer identification number
 34-1346763
E Telephone number
 (216) 574-7100
G Gross receipts \$ 25,936,494

F Name and address of principal officer
 ROBERT S CURRY
 2999 PAYNE AVENUE
 CLEVELAND, OH 44114

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c) (3) ▶ (insert no) 4947(a)(1) or 527

J Website: ▶ www.chnnet.com

K Form of organization Corporation Trust Association Other ▶ **L** Year of formation 1981 **M** State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 THE MISSION OF CHN IS TO DEVELOP AFFORDABLE HOUSING FOR LOW- AND MODERATE-INCOME RESIDENTS OF GREATER CLEVELAND, GENERATING PATHWAYS OUT OF POVERTY AND PROVIDING HOMEOWNERSHIP OPPORTUNITIES

Activities & Governance

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets
3 Number of voting members of the governing body (Part VI, line 1a) **3** 30
4 Number of independent voting members of the governing body (Part VI, line 1b) **4** 30
5 Total number of employees (Part V, line 2a) **5** 128
6 Total number of volunteers (estimate if necessary) **6** 30
7a Total gross unrelated business revenue from Part VIII, column (C), line 12 **7a** 0
b Net unrelated business taxable income from Form 990-T, line 34 **7b**

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	16,834,713	16,856,760
	9 Program service revenue (Part VIII, line 2g)	6,309,730	7,135,159
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,589,527	2,485,625
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-886,867	-541,050
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,847,103	25,936,494
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,589,905	7,323,481
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 192,793		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	18,156,118	17,391,388
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	24,746,023	24,714,869	
19 Revenue less expenses Subtract line 18 from line 12	101,080	1,221,625	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	64,154,374	60,041,935
	21 Total liabilities (Part X, line 26)	45,240,860	39,906,797
22 Net assets or fund balances Subtract line 21 from line 20	18,913,514	20,135,138	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer: _____ Date: 2010-11-15
 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
 Preparer's identifying number (see instructions)
 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

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

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

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 6,948,233 including grants of \$) (Revenue \$ 6,216,395)

Housing Development & Property Management CHN develops and manages single- and multi-family homes in Cleveland that compliment neighborhood strategies Affordability, sustainable homeownership opportunities, energy efficiency, indoor air quality and long-term sustainability are core principles of our strategies Housing options are tailored to family income and include purchase, rental and a nationally recognized 15-year Lease Purchase homeownership program for low-income families who could not otherwise achieve homeownership In 2009, CHN began development on 294 green affordable housing units, both new and rehab

4b (Code) (Expenses \$ 15,367,750 including grants of \$) (Revenue \$ 916,650)

Energy Conservation & Weatherization As northeast Ohio's largest energy conservation and weatherization provider, CHN helps low-income families to conserve energy and lower utility bills Through partnerships with the state, city and utility companies, we administer large-scale utility programs to assist low-income families In 2009, CHN completed nearly 10,000 services for an est 3,000 low-income households in Northeast Ohio and beyond To help Northeast Ohio families overcome short-term emergencies, CHN completed 25,000 safety net and support services in 2009 in the areas of utility assistance and foreclosure prevention

4c (Code) (Expenses \$ 1,211,390 including grants of \$) (Revenue \$ 2,114)

Training & Education CHN operates one of the region's highest-capacity Community Training Centers (CTC), teaching financial literacy, enhancing employment skills, and preparing clients to purchase and manage their homes Our counselors are certified and HUD-approved and follow the national standards for homeownership counseling The training center served 3,610 households in 2009 To help Northeast Ohio families overcome short-term emergencies, CHN completed 25,000 safety net and support services in 2009 in the areas of utility assistance and foreclosure prevention

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

4e Total program service expenses \$ 23,527,373

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III</i>		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 267		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 128		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	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)?		No
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions 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?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		No
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		No
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (30); 1b Enter the number of voting members that are independent (30); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (No); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (No); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (OH); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: Own website, Another's website, Upon request (checked); 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization (MARY SMIGELSKI, 2999 PAYNE AVENUE, Cleveland, OH 44114, (216) 574-7100).

1b Total	837,123	0	57,515
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GREATHOUSE HEATING AND COOLING 2995 SHELburn ST AKRON, OH 44312	WEATHERIZATION SVC	223,472
LAKE ERIE HEATING COOLING 3140 WEST 32ND STREET CLEVELAND, OH 44109	WEATHERIZATION SVC	215,360
DAVID FRYBERGER DBA OHIO INSULATING 577 FENN ROAD TALLMADGE, OH 44278	WEATHERIZATION SVC	200,274
ALEXANDER JONES DBA ALEXANDER'S INS 92 BROAD STREET AKRON, OH 44305	WEATHERIZATION SVC	146,376
JAMES J MANN DBA HOUSE STUFF 2448 JOHNNYCAKE ROAD WARREN, OH 44484	WEATHERIZATION SVC	144,367

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **8**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a 73,884					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e 9,825,366					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 6,957,510					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f ▶	16,856,760				
Program Service Revenue			Business Code				
	2a	SERVICE FEES _____ 900,099	5,981,987	5,981,987			
	b	RENTAL INCOME _____ 900,099	1,153,172	1,153,172			
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue _____					
g	Total. Add lines 2a-2f ▶	7,135,159					
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	2,485,625	2,485,625			
	4	Income from investment of tax-exempt bond proceeds ▶	0				
	5	Royalties ▶	0				
	6a	(i) Real		(ii) Personal			
		b	Gross Rents _____				
		c	Less rental expenses _____				
		d	Rental income or (loss) _____				
	d	Net rental income or (loss) ▶					
	7a	(i) Securities		(ii) Other			
		b	Gross amount from sales of assets other than inventory _____				
		c	Less cost or other basis and sales expenses _____				
		d	Gain or (loss) _____				
	d	Net gain or (loss) ▶	0				
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events ▶	0				
9a	Gross income from gaming activities See Part IV, line 19 a						
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities ▶	0				
10a	Gross sales of inventory, less returns and allowances a						
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory ▶	0				
Miscellaneous Revenue		Business Code					
11a	LOSS ON SALE OF HOUSES _____	-633,312	-633,312				
b	MISC INCOME _____	92,262	92,262				
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d ▶	-541,050					
12	Total revenue. See Instructions ▶	25,936,494	9,079,734				

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	449,936	398,921	43,155	7,860
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	5,337,936	4,732,712	511,980	93,244
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	121,723	107,922	11,675	2,126
9	Other employee benefits	918,712	814,547	88,117	16,048
10	Payroll taxes	495,174	439,030	47,494	8,650
11	Fees for services (non-employees)				
a	Management	547,431	547,431	0	0
b	Legal	16,288	12,027	2,925	1,336
c	Accounting	42,326	31,253	7,600	3,473
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	376,094	277,706	67,530	30,858
12	Advertising and promotion	98,719	72,893	17,726	8,100
13	Office expenses	421,398	385,498	31,347	4,553
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,448,589	1,394,261	49,390	4,938
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	169,778	77,469	92,309	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	15,737	12,107	3,630	0
23	Insurance	159,044	142,418	15,115	1,511
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PROGRAM SERVICES	13,249,636	13,249,636	0	0
b	MISCELLANEOUS	417,765	402,959	4,710	10,096
c	RESERVES FOR IMPAIRMENTS	428,583	428,583	0	0
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	24,714,869	23,527,373	994,703	192,793
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	147,261	1	44,733
	2 Savings and temporary cash investments	3,889,393	2	3,245,406
	3 Pledges and grants receivable, net	2,543,760	3	3,164,043
	4 Accounts receivable, net	5,489,239	4	3,997,832
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	29,720,865	7	27,877,021
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	212,832	9	138,764
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	7,024,982		
	b Less accumulated depreciation	552,740		
		7,643,292	10c	6,472,242
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	14,507,732	15	15,101,894	
16 Total assets. Add lines 1 through 15 (must equal line 34)	64,154,374	16	60,041,935	
Liabilities	17 Accounts payable and accrued expenses	2,600,439	17	2,530,028
	18 Grants payable		18	
	19 Deferred revenue	1,219,212	19	1,543,189
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	41,131,390	23	35,735,829
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	289,819	25	97,751
	26 Total liabilities. Add lines 17 through 25	45,240,860	26	39,906,797
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	17,945,914	27	19,190,638
	28 Temporarily restricted net assets	142,600	28	119,500
	29 Permanently restricted net assets	825,000	29	825,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	18,913,514	33	20,135,138	
34 Total liabilities and net assets/fund balances	64,154,374	34	60,041,935	

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CLEVELAND HOUSING NETWORK INC

Employer identification number

34-1346763

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

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

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	13,675,327	14,886,578	16,589,979	16,834,714	16,856,760	78,843,358
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13,675,327	14,886,578	16,589,979	16,834,714	16,856,760	78,843,358
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						78,843,358

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	13,675,327	2,820,348	16,589,979	16,834,714	16,856,760	78,843,358
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,472,171	2,820,348	2,669,127	2,589,527	2,485,625	13,036,798
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						91,880,156
12 Gross receipts from related activities, etc (See instructions)					12	31,110,424

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	85.811 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	85.320 %

16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 34-1346763
Name: CLEVELAND HOUSING NETWORK INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROLYNN GALLOWAY TRUSTEE/BOARD VICE-PRESIDENT	2 0	X	X				0	0	0	
KRUME STOJANOVSKI TRUSTEE/BOARD PRESIDENT	2 0	X	X				0	0	0	
PETER MEISEL TRUSTEE/BOARD TREASURER	2 0	X	X				0	0	0	
DAVE BAILEY TRUSTEE/BOARD 2ND VP	2 0	X	X				0	0	0	
NATE DAVIS TRUSTEE	2 0	X					0	0	0	
PAUL ETTORRE TRUSTEE	2 0	X					0	0	0	
MARK EVANS TRUSTEE	2 0	X					0	0	0	
CAROL FRIEDMAN TRUSTEE	2 0	X					0	0	0	
KARL GARTNER TRUSTEE	2 0	X					0	0	0	
MIKE GRIFFIN TRUSTEE	2 0	X					0	0	0	
SAHNARA HENDRIX TRUSTEE/ BOARD SECRETARY	2 0	X		X			0	0	0	
LORETTA HUNTER TRUSTEE/RESIDENT ADV COUNCIL	2 0	X					0	0	0	
KATHRYN JACKSON TRUSTEE	2 0	X					0	0	0	
JACSHICA LASTER TRUSTEE/RESIDENT ADV COUNCIL	2 0	X					0	0	0	
GAIL LONG TRUSTEE	2 0	X					0	0	0	
CARLO MAGGIORA TRUSTEE	2 0	X					0	0	0	
JOHN SHRIVER TRUSTEE	2 0	X					0	0	0	
HELEN SMITH TRUSTEE	2 0	X					0	0	0	
JIM VECCHIO TRUSTEE	2 0	X					0	0	0	
JOHN WEISS TRUSTEE	2 0	X					0	0	0	
ANGELA WILLIAMS TRUSTEE	2 0	X					0	0	0	
MARTY MURPHY TRUSTEE	2 0	X					0	0	0	
TERRI HAMILTON BROWN TRUSTEE	2 0	X					0	0	0	
GLORIA MOOSE TRUSTEE	2 0	X					0	0	0	
DAVID PURPERA TRUSTEE	2 0	X					0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SABRA PIERCE SCOTT TRUSTEE	2 0	X						0	0	0
KEVIN NOWACK TRUSTEE	2 0	X						0	0	0
ROCKY RICHARDSON TRUSTEE	2 0	X						0	0	0
CAROLINE PEAK TRUSTEE	2 0	X						0	0	0
ALFRED GODBOTT TRUSTEE	2 0	X						0	0	0
ROBERT CURRY EXECUTIVE DIRECTOR	40 0			X				119,978	0	15,506
KATE MONTER DURBAN ASST DIRECTOR	40 0			X				94,211	0	8,471
PATRICK KENNEY COO	40 0			X				105,349	0	4,931
MARY SMIGELSKI DIRECTOR OF FINANCE	40 0			X				96,946	0	4,544
LIZ HERNANDEZ DIRECTOR OF PROPERTY SERVICES	40 0					X		100,269	0	4,815
ROGER THOMAS SALES MANAGER	40 0					X		111,671	0	9,367
MARK WHIPKEY DIRECTOR OF ASSET MANAGEMENT	40 0					X		101,694	0	4,810
MATT FROST FORMER DIRECTOR OF DEVELOPMENT	40 0					X		107,005	0	5,071

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization CLEVELAND HOUSING NETWORK INC

Employer identification number 34-1346763

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

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

Table with 6 columns: (a) Current Year, (b) Prior Year, (c) Two Years Back, (d) Three Years Back, (e) Four Years Back. Rows 1a-1g.

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment %, b Permanent endowment 100.000% %, c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

Table with 3 columns: Description (3a(i), 3a(ii), 3b), Yes, No

4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Table with 5 columns: Description of investment, (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	25,936,494
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,714,869
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,221,625
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,221,625

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	25,936,494
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	25,936,494
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	25,936,494

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	24,714,869
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	24,714,869
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	24,714,869

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
PART V, LINE 4	INTENDED USE OF ENDOWMENT FUND	TO ASSIST IN OUR MISSION BY ALLOWING FOR THE INVESTMENT OF UP TO \$750,000 IN SHORT-TERM LOAN INSTRUMENTS OFFERED TO AFFORDABLE LOW-INCOME HOUSING PROJECTS

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CLEVELAND HOUSING NETWORK INC

Employer identification number

34-1346763

Identifier	Return Reference	Explanation
990 REVIEW POLICY	PART VI - QUESTION 11	THE FINANCE DIRECTOR ENSURES THAT FORMS 990 ARE FILED IN A TIMELY AND ACCURATE MANNER THE EXECUTIVE DIRECTOR SIGNS AND CERTIFIES THAT THE IRS FORM 990 IS ACCURATE AND COMPLETE THE FINANCE AND EXECUTIVE COMMITTEES REVIEW AND APPROVE THE IRS FORM 990 ANNUAL TAX FILING PRIOR TO SUBMISSION TO ENSURE THE ACCURACY OF BOTH FINANCIAL AND NON-FINANCIAL INFORMATION INCLUDED ON THE SUBMISSION IN ADDITION, THE FULL BOARD RECEIVES A COPY OF THE IRS FORM 990 PRIOR TO FILING CONSISTENT WITH THE REQUIREMENTS OF SECTION 6104(d) OF THE INTERNAL REVENUE CODE AND THE REGULATIONS THEREUNDER, COPIES OF THE ORGANIZATION'S FORM 990 SHALL BE MADE AVAILABLE, UPON REQUEST, IN A TIMELY MANNER, AND [SUBJECT TO THE CHARGES PERMITTED BY LAW] TO ANY INDIVIDUALS WHO REQUEST IT
CONFLICT OF INTEREST	PART VI - SECTION B - QUESTION 12	ANNUALLY, THE DIRECTORS AND OFFICERS ARE REQUIRED TO COMPLETE THE CONFLICT OF INTEREST DISCLOSURE FORM ATTACHED TO THE FORM IS THE WRITTEN POLICY FOR REVIEW TO ENSURE IDENTIFICATION OF POTENTIAL CONFLICTS ALL POTENTIAL CONFLICTS ARE PUBLISHED IN THE CONFLICT OF INTEREST LOG DISINTERESTED DIRECTORS SHALL DETERMINE, BASED ON THE FACTS PRESENTED, BY THE MAJORITY VOTE TO APPROVE TO ENTER INTO TRANSACTIONS OR ARRANGEMENTS WITH A POTENTIAL CONFLICT
COMPENSATION REVIEW PROCESS	PART VI - SECTION B - QUESTION 15	The organization's Executive Director and key employees each received a modest salary increase ranging between 1% and 3% in 2009 Periodically, the organization reviews national salary information for similar organizations with key employees in functionally comparable positions The approval of compensation increases is undertaken by the Board Salary decisions made by the Board are reflected in the Board meeting minutes
GOVERNING DOCUMENTS FOR PUBLIC INSPECTION	PART VI - SECTION C - QUESTION 19	DOCUMENTS ARE AVAILABLE UPON REQUEST
RELATED PARTNERSHIPS AND CORPORATIONS	SCHEDULE R, PART III AND PART IV	The related partnerships and corporations listed on Schedule R were formed to assist the organization in the fulfillment of its charitable mission of developing affordable housing for low - and moderate-income residents of Greater Cleveland The primary activities of Noah II LLC and Opportunity Housing Cleveland, related organizations listed on Schedule R, Part III, are described as "Real Estate " Noah II and Opportunity Housing Cleveland are joint programs between the organization and other charitable nonprofit organizations in Greater Cleveland to rehabilitate and sell homes in distressed neighborhoods The primary activity of Carver Associates LLC, a related organization listed on Schedule R, Part III, is described as "Real Estate Development" Carver Associates LLC was formed to develop housing for low -income households but has not had any financial activity since its formation The programs are consistent with the filing organization's charitable mission of generating pathways out of poverty and providing homeownership opportunities The primary activity of the corporations is listed on Schedule R, Part IV as "Property Management " These corporations manage the low - and moderate- income housing the development of which is sponsored by the organization

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CLEVELAND HOUSING NETWORK INC

Employer identification number

34-1346763

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
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NHI INC 2999 PAYNE AVENUE 306 CLEVELAND, OH 44114 34-1956653	SUPPORTING OR	OH	501(C)(3)	11	NA
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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
NOAH II LLC 2999 PAYNE AVENUE CLEVELAND, OH44114 01-0679346	real estate	OH	NA	RELATED	-201	-81,121	No	0			No
CARVER ASSOCIATES LLC 2999 PAYNE AVENUE CLEVELAND, OH44114 03-0454329	real estate d	OH	NA	RELATED	0	0	No	0			No
OPPORTUNITY HOUSING CLEVELAND 2999 PAYNE AVENUE CLEVELAND, OH44114 26-3246341	REAL ESTATE	OH	NA	RELATED	0	50	No	0			No
WEST ONE LTD 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1721526	RELATED	OH	N/A	RELATED	-573,948	-573,948	No	0			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

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

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

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

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

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No

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

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

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

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

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

Software ID:
Software Version:
EIN: 34-1346763
Name: CLEVELAND HOUSING NETWORK INC

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
HOUSECO X INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1883065	PROPERTY MGMT	OH	NA	C CORP	0	0	100 000 %
HOUSECO XI INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1883066	PROPERTY MGMT	OH	NA	C CORP	-447,466	361,088	75 000 %
HOUSECO XII INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1797722	PROPERTY MGMT	OH	NA	C CORP	-1	621,319	76 000 %
HOUSECO XIII INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1824876	PROPERTY MGMT	OH	NA	C CORP	-33	153,299	100 000 %
HOUSECO XIV INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1843895	PROPERTY MGMT	OH	NA	C CORP	-61	-65,411	100 000 %
HOUSECO XV INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1854311	PROPERTY MGMT	OH	NA	C CORP	-173	-216	100 000 %
HOUSECO XVI INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1876274	PROPERTY MGMT	OH	NA	C CORP	-51	201,794	100 000 %
HOUSECO XVII INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1898787	PROPERTY MGMT	OH	NA	C CORP	-40	-532	100 000 %
HOUSECO XVIII INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1938961	PROPERTY MGMT	OH	NA	C CORP	-39	-45,195	100 000 %
HOUSECO XIX INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1963482	PROPERTY MGMT	OH	NA	C CORP	-31	245,510	100 000 %
HOUSECO XX INC 2999 PAYNE AVENUE CLEVELAND, OH44114 41-2062640	PROPERTY MGMT	OH	NA	C CORP	-92	111,734	100 000 %
HOUSECO XXI INC 2999 PAYNE AVENUE CLEVELAND, OH44114 76-0752101	PROPERTY MGMT	OH	NA	C CORP	-57	173,647	100 000 %
INFILL I INC 2999 PAYNE AVENUE CLEVELAND, OH44114 36-4025434	PROPERTY MGMT	OH	NA	C CORP	-1,114	5,511	100 000 %
INFILL II INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1806129	PROPERTY MGMT	OH	NA	C CORP	-1,308	-16,833	52 000 %
INFILL III INC 2999 PAYNE AVENUE CLEVELAND, OH44114 02-0559951	PROPERTY MGMT	OH	NA	C CORP	-43	-4,301	100 000 %
ERIEVIEW HOMES I CORP 2999 PAYNE AVENUE CLEVELAND, OH44114 01-0607644	PROPERTY MGMT	OH	NA	C CORP	-24	249,299	100 000 %
ERIEVIEW HOMES II CORP 2999 PAYNE AVENUE CLEVELAND, OH44114 36-4511575	PROPERTY MGMT	OH	NA	C CORP	0	0	100 000 %
EAST SIDE NEIGHBORHOOD HOMES 2999 PAYNE AVENUE CLEVELAND, OH44114 13-4217057	PROPERTY MGMT	OH	NA	C CORP	-35	-12,661	100 000 %
WEST I CORPORATION 2999 PAYNE AVENUE CLEVELAND, OH44114 01-3735249	PROPERTY MGMT	OH	NA	C CORP	-58	-58	100 000 %
ERIE SQUARE APARTMENTS II INC 2999 PAYNE AVENUE CLEVELAND, OH44114 14-1893981	PROPERTY MGMT	OH	NA	C CORP	-24	449,871	100 000 %
HOMECO HOMES 2999 PAYNE AVENUE CLEVELAND, OH44114 20-1210923	PROPERTY MGMT	OH	NA	C CORP	0	0	100 000 %
STOCKYARD HOMES I INC 2999 PAYNE AVENUE CLEVELAND, OH44114 20-3185289	PROPERTY MGMT	OH	NA	C CORP	-29	-2,058	100 000 %
EMERALD ALLIANCE II INC 2999 PAYNE AVENUE CLEVELAND, OH44114 20-3185147	PROPERTY MGMT	OH	NA	C CORP	-37	1,846,669	100 000 %
CLEVELAND NEW CONSTRUCTION HOMES IV 2999 PAYNE AVENUE CLEVELAND, OH44114 20-5124686	PROPERTY MGMT	OH	NA	C CORP	-28	-2,823	100 000 %
SLAVIC VILLAGE HOMES INC 2999 PAYNE AVENUE CLEVELAND, OH44114 20-5124631	PROPERTY MGMT	OH	NA	C CORP	-22	-2,052	100 000 %
HOUSECO INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1660978	PROPERTY MGMT	OH	NA	C CORP	0	0	100 000 %
RAINBOW PLACE APARTMENTS INC 2999 PAYNE AVENUE CLEVELAND, OH44114 20-4216859	PROPERTY MGMT	OH	NA	C CORP	732,938	733,011	0 010 %
SOUTH POINTE COMMONS INC 2999 PAYNE AVENUE CLEVELAND, OH44114 20-5124526	PROPERTY MGMT	OH	NA	C CORP	-46	2,238,651	100 000 %
EDGEWOOD PARK INC 2999 PAYNE AVENUE CLEVELAND, OH44114 26-0690559	PROPERTY MGMT	OH	NA	C CORP	-15	347,959	51 000 %
CLEVELAND GREEN HOMES EAST INC 2999 PAYNE AVENUE CLEVELAND, OH44114 26-3068728	PROPERTY MGMT	OH	NA	C CORP	0	0	100 000 %
CLEVELAND GREEN HOMES INC 2999 PAYNE AVENUE CLEVELAND, OH44114 26-3397957	PROPERTY MGMT	OH	NA	C CORP	0	100	100 000 %
ERIEVIEW VILLAGE HOMES II CORP 2999 PAYNE AVENUE CLEVELAND, OH44114 20-8647115	PROPERTY MGMT	OH	NA	C CORP	-44	-2,104	100 000 %
NETWORK RESTORATION INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1524244	PROPERTY MGMT	OH	NA	C CORP	-46,356	-295,983	100 000 %
EMERALD ALLIANCE V 2999 PAYNE AVENUE CLEVELAND, OH44114 27-0683854	PROPERTY MGMT	OH	NA	C CORP	0	0	100 000 %
CLEVELAND GREEN HOMES II INC 2999 PAYNE AVENUE CLEVELAND, OH44114 27-0676197	PROPERTY MGMT	OH	NA	C CORP	0	0	100 000 %