

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)

OMB No 1545-0047

2010

Open to Public Inspection

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

Part I Summary

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

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)
2999 PAYNE AVENUE
Room/suite
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 \$ 35,267,151

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

H(a) Is this a group return for affiliates? 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) 501(c) () (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

Table with 3 main sections: Activities & Governance, Revenue, and Expenses. Includes rows for mission statement, membership counts, revenue breakdown, and expenses.

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.

Sign Here
Signature of officer: ROBERT S CURRY EXECUTIVE DIRECTOR
Date: 2011-11-15

Paid Preparer Use Only
Print/Type preparer's name: ALANE L BOFFA
Firm's name: COHEN & COMPANY LTD
Firm's address: OFFICES LISTED AT WWWCOHENCPACOM, OH 44115

May the IRS discuss this return with the preparer shown above? Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

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 \$ 10,444,007 including grants of \$) (Revenue \$ 8,018,267)

Housing Development & Property Management CHN develops and manages single- and multi-family homes in Cleveland that compliment neighborhood strategies Affordability, sustainable homeownership opportunities, energy efficiency, indoor air quality and long-term sustainability are core principles of our strategies Housing options are tailored to family income and include purchase, rental and a nationally recognized 15-year Lease Purchase homeownership program for low-income families who could not otherwise achieve homeownership In 2010, CHN began development on 186 green affordable housing units

4b (Code) (Expenses \$ 21,534,951 including grants of \$) (Revenue \$ 1,110,470)

Energy Conservation & Weatherization As northeast Ohio's largest energy conservation and weatherization provider, CHN helps low-income families to conserve energy and lower utility bills Through partnerships with the state, city and utility companies, we administer large-scale utility programs to assist low-income families In 2010, CHN completed over 10,000 jobs in a 19 county area To help Northeast Ohio families overcome short-term emergencies, CHN administered utility bill payment assistance programs that served over 35,000 clients in 2010

4c (Code) (Expenses \$ 1,422,674 including grants of \$) (Revenue \$)

Training & Education CHN operates one of the region's highest-capacity Community Training Centers (CTC), teaching financial and digital literacy, enhancing employment skills, and preparing clients to purchase and manage their homes Our counselors are certified and HUD-approved and follow the national standards for homeownership counseling The training center served 3,776 households in 2010 To help Northeast Ohio families overcome short-term emergencies, CHN worked with over 1,000 at-risk homeowners in the area of foreclosure prevention

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

4e Total program service expenses \$ 33,401,632

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
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? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/>		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? If "Yes," complete Schedule D, Part II <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/>		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? If "Yes," complete Schedule D, Part IV <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional <input checked="" type="checkbox"/>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I (see instructions)		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? If "Yes," complete Schedule G, Part II		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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> <input checked="" type="checkbox"/>	21	Yes	
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> <input checked="" type="checkbox"/>	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 lines 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	34	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> 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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1a	111		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
1c	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	161		
2b	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 (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	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 instructions for 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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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
6b	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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 governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant 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.)

		Yes	No
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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this 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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
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

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 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 <input checked="" type="checkbox"/> MARY SMIGELSKI 2999 PAYNE AVENUE Cleveland, OH 44114 (216) 574-7100

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							539,403	0	28,878	

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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 or individual 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	262,801
LAKE ERIE HEATING COOLING 3140 WEST 32ND STREET CLEVELAND, OH 44109	WEATHERIZATION SVC	441,670
DAVID FRYBERGER DBA OHIO INSULATING 577 FENN ROAD TALLMADGE, OH 44278	WEATHERIZATION SVC	162,266
LACHOWICZ RENOVATION 1590 GRACE AVENUE LAKEWOOD, OH 44107	WEATHERIZATION SVC	233,955
MICHAEL MILANO DBA MCM HOME SERVICE 1016 TIMOTHY LANE CLEVELAND, OH 44109	WEATHERIZATION SVC	153,372

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

Part VIII Statement of Revenue

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

Part IX Statement of Functional Expenses

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

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

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

Part X Balance Sheet

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

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and 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	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	14,886,578	16,589,979	16,834,714	16,856,760	23,518,260	88,686,291
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	14,886,578	16,589,979	16,834,714	16,856,760	23,518,260	88,686,291
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						88,686,291

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	14,886,578	16,589,979	16,834,714	16,856,760	23,518,260	88,686,291
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,820,348	2,669,127	2,589,527	2,485,625	2,502,036	13,066,663
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support (Add lines 7 through 10)						101,752,954
12 Gross receipts from related activities, etc (See instructions)					12	35,138,648

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 2010 (line 6 column (f) divided by line 11 column (f))	14	87.158%
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	85.811%

16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** 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—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
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 section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

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

Facts And Circumstances Test

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SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	825,000	825,000	825,000		
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	825,000	825,000	825,000		

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

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

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	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.

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

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

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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
PART X LINE 2	FIN 48 (ASC 740) FOOTNOTE	The Network accounts for uncertain tax positions in accordance with GAAP, which require recognition of and disclosures related to uncertain tax positions. As of and during the year ended December 31, 2010, the Network does not have a liability for unrecognized tax benefits. The Network is no longer subject to examination by federal and state taxing authorities prior to 2007.

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CLEVELAND HOUSING NETWORK INC

Employer identification number 34-1346763

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: (1) CITY OF CLEVELAND, 601 LAKESIDE ROOM 325, CLEVELAND, OH 44114, 80,200, FMV, VACANT LAND, FUTURE DEVELOPMENT.

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

Identifier	Return Reference	Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CLEVELAND HOUSING NETWORK INC

Employer identification number

34-1346763

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

Identifier	Return Reference	Explanation
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.

Identifier	Return Reference	Explanation
COMPENSATION REVIEW PROCESS	PART VI - SECTION B - QUESTION 15	The organization's Executive Director and key employees each received a modest salary increase ranging between 1% and 3% in 2010. Periodically, the organization reviews national salary information for similar organizations with key employees in functionally comparable positions. The approval of compensation increases is undertaken by the Board. Salary decisions made by the Board are reflected in the Board meeting minutes.

Identifier

Return Reference

Explanation

GOVERNING DOCUMENTS FOR PUBLIC INSPECTION

PART V I-SECTION C-QUESTION 19

DOCUMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
RELATED PARTNERSHIPS AND CORPORATIONS	SCHEDULE R, PART III AND PART IV	<p>The related partnerships and corporations listed on Schedule R were formed to assist the organization in the fulfillment of its charitable mission of developing affordable housing for low - and moderate-income families, generating pathways out of poverty, and providing home ownership opportunities. Schedule R Part III The primary activities of Noah II LLC and Opportunity Housing Cleveland are described as "Real Estate" and are joint programs between the organization and other charitable nonprofit organizations in greater Cleveland to rehabilitate and sell homes in distressed Cleveland neighborhoods. The primary activity of Carver Associates LLC is described as "Real Estate Development" and was formed to develop housing for low -income households but has not had any financial activity since its formation. The remaining partnerships' primary activities are described as "Real Estate" and they were formed to develop affordable housing for lease purchase by low - and moderate-income families. Schedule R Part IV The corporations listed have a primary activity of "property management". These corporations manage the low - and moderate-income housing whose development was sponsored by the organization.</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

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

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) NHI INC 2999 PAYNE AVENUE 306 CLEVELAND, OH 44114 34-1956653	SUPPORTING OR	OH	501(C)(3)	11	NA		

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

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

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, 35A, 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	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
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Software ID:
Software Version:
EIN: 34-1346763
Name: CLEVELAND HOUSING NETWORK INC

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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 on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NOAH II LLC 2999 PAYNE AVENUE CLEVELAND, OH44114 01-0679346	real estate	OH	NA	RELATED	-55,973	-137,094		No	0		No	50 000 %
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	350	2,904,844		No	0		No	50 000 %
WEST ONE LTD 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1721526	REAL ESTATE	OH	NA	RELATED	-129,367	-740,956		No	0		No	100 000 %
CLEVELAND MULTIFAMILY LP II 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1617304	REAL ESTATE	OH	NA	RELATED	-86,777	-382,760		No			No	99 500 %
CLEVELAND NEW CONSTRUCTION LTD 1 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1776371	REAL ESTATE	OH	NA	RELATED	281,148	281,148		No			No	100 000 %
CHN LP X 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1738469	REAL ESTATE	OH	NA	RELATED	-3,125	38,971		No			No	100 000 %
CHN LP XI 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1772702	REAL ESTATE	OH	NA	RELATED	-147,226	213,862		No			No	100 000 %

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
MIKE PIEPSNY 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
TIM JENKINS TRUSTEE	2 0	X						0	0	0
CARLO MAGGIORA 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	1 0	X						0	0	0
SABRA PIERCE SCOTT TRUSTEE	2 0	X						0	0	0
KEVIN NOWAK TRUSTEE	2 0	X						0	0	0
ROCKY RICHARDSON 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			
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				131,242	0	13,480
KATE MONTER DURBAN ASST DIRECTOR	40 0			X				94,744	0	2,870
MARY SMIGELSKI DIRECTOR OF FINANCE	40 0			X				95,892	0	2,730
PATRICK KENNEY COO	40 0					X		103,342	0	2,940
ROGER THOMAS SALES MANAGER	40 0					X		114,183	0	6,858

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	-147,226	213,862	75 000 %
HOUSECO XII INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1797722	PROPERTY MGMT	OH	NA	C CORP	-607,472	13,847	76 000 %
HOUSECO XIII INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1824876	PROPERTY MGMT	OH	NA	C CORP	-64,032	89,267	100 000 %
HOUSECO XIV INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1843895	PROPERTY MGMT	OH	NA	C CORP	-53	-65,464	100 000 %
HOUSECO XV INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1854311	PROPERTY MGMT	OH	NA	C CORP	-42	-258	100 000 %
HOUSECO XVI INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1876274	PROPERTY MGMT	OH	NA	C CORP	-102,272	99,522	100 000 %
HOUSECO XVII INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1898787	PROPERTY MGMT	OH	NA	C CORP	-47	-579	100 000 %
HOUSECO XVIII INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1938961	PROPERTY MGMT	OH	NA	C CORP	-52	-45,247	100 000 %
HOUSECO XIX INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1963482	PROPERTY MGMT	OH	NA	C CORP	-31	245,479	100 000 %
HOUSECO XX INC 2999 PAYNE AVENUE CLEVELAND, OH44114 41-2062640	PROPERTY MGMT	OH	NA	C CORP	-68	111,666	100 000 %
HOUSECO XXI INC 2999 PAYNE AVENUE CLEVELAND, OH44114 76-0752101	PROPERTY MGMT	OH	NA	C CORP	-52	173,595	100 000 %
INFILL I INC 2999 PAYNE AVENUE CLEVELAND, OH44114 36-4025434	PROPERTY MGMT	OH	NA	C CORP	4,615	4,615	100 000 %
INFILL II INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1806129	PROPERTY MGMT	OH	NA	C CORP	-1,325	-18,158	52 000 %
INFILL III INC 2999 PAYNE AVENUE CLEVELAND, OH44114 02-0559951	PROPERTY MGMT	OH	NA	C CORP	-41	-4,342	100 000 %
ERIEVIEW HOMES I CORP 2999 PAYNE AVENUE CLEVELAND, OH44114 01-0607644	PROPERTY MGMT	OH	NA	C CORP	-22	249,277	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	-22	-12,683	100 000 %
WEST I CORPORATION 2999 PAYNE AVENUE CLEVELAND, OH44114 01-3735249	PROPERTY MGMT	OH	NA	C CORP	-17	-75	100 000 %
ERIE SQUARE APARTMENTS II INC 2999 PAYNE AVENUE CLEVELAND, OH44114 14-1893981	PROPERTY MGMT	OH	NA	C CORP	-31	-449,840	100 000 %
HOMEKO 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	-30	-2,088	100 000 %
EMERALD ALLIANCE II INC 2999 PAYNE AVENUE CLEVELAND, OH44114 20-3185147	PROPERTY MGMT	OH	NA	C CORP	-37	1,846,632	100 000 %
CLEVELAND NEW CONSTRUCTION HOMES IV 2999 PAYNE AVENUE CLEVELAND, OH44114 20-5124686	PROPERTY MGMT	OH	NA	C CORP	-28	-2,851	100 000 %
SLAVIC VILLAGE HOMES INC 2999 PAYNE AVENUE CLEVELAND, OH44114 20-5124631	PROPERTY MGMT	OH	NA	C CORP	-24	-2,076	100 000 %
HOUSECO INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1660978	PROPERTY MGMT	OH	NA	C CORP	273,408	315,504	100 000 %
RAINBOW PLACE APARTMENTS INC 2999 PAYNE AVENUE CLEVELAND, OH44114 20-4216859	PROPERTY MGMT	OH	NA	C CORP	-21	1,632,482	0 013 %
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	-30	70	100 000 %
CLEVELAND GREEN HOMES INC 2999 PAYNE AVENUE CLEVELAND, OH44114 26-3397957	PROPERTY MGMT	OH	NA	C CORP	-116	-16	100 000 %
ERIEVIEW VILLAGE HOMES II CORP 2999 PAYNE AVENUE CLEVELAND, OH44114 20-8647115	PROPERTY MGMT	OH	NA	C CORP	-47	-2,151	100 000 %
NETWORK RESTORATION INC 2999 PAYNE AVENUE CLEVELAND, OH44114 34-1524244	PROPERTY MGMT	OH	NA	C CORP	-86,777	-382,760	100 000 %
EMERALD ALLIANCE V 2999 PAYNE AVENUE CLEVELAND, OH44114 27-0683854	PROPERTY MGMT	OH	NA	C CORP	142	142	100 000 %
CLEVELAND GREEN HOMES II INC 2999 PAYNE AVENUE CLEVELAND, OH44114 27-0676197	PROPERTY MGMT	OH	NA	C CORP	0	0	100 000 %