

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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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 NO 306 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 \$ 33,833,851
F Name and address of principal officer ROBERT S CURRY 2999 PAYNE AVENUE CLEVELAND, OH 44114		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CHNNET.COM		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1981 M State of legal domicile OH

Part I Summary

1	Briefly describe the organization's mission or most significant activities CHN BUILDS STRONG FAMILIES AND NEIGHBORHOODS THROUGH AFFORDABLE HOUSING AND FINANCIAL STABILITY		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	183
6	Total number of volunteers (estimate if necessary)	6	19
7a	Total 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	0
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	23,635,665	21,727,614
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,775,382	10,816,798
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,826,512	2,200,581
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,854,101	-911,142
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	43,091,660	33,833,851
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)	8,350,814	8,984,306
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 219,774		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	32,971,907	25,508,341
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	41,322,721	34,492,647
19	Revenue less expenses Subtract line 18 from line 12	1,768,939	-658,796
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	69,286,468	68,702,546
22	Net assets or fund balances Subtract line 21 from line 20	46,717,785	46,849,642
		22,568,683	21,852,904

Part II Signature Block

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

Sign Here	***** Signature of officer ROBERT S CURRY EXECUTIVE DIRECTOR Type or print name and title	2013-11-02 Date
Paid Preparer Use Only	Pnnt/Type preparer's name LAURA J WHITE Preparer's signature Date Firm's name ▶ COHEN & COMPANY LTD Firm's address ▶ OFFICES LISTED AT WWW.COHENPACOM, OH 44115	Check <input type="checkbox"/> if self-employed PTIN P00186264 Firm's EIN ▶ 34-1912961 Phone no (800) 229-1099
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION OF CHN IS TO BUILD STRONG FAMILIES AND VIBRANT NEIGHBORHOODS THROUGH QUALITY AFFORDABLE HOUSING AND STRENGTHENED FINANCIAL STABILITY

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 11,565,250 including grants of \$) (Revenue \$ 9,231,241)

HOUSING DEVELOPMENT, PROPERTY MANAGEMENT & SALES CHN DEVELOPS, MANAGES AND SELLS SINGLE AND MULTI-FAMILY HOMES IN CLEVELAND THAT COMPLIMENT NEIGHBORHOOD STRATEGIES AFFORDABILITY, SUSTAINABLE HOMEOWNERSHIP OPPORTUNITIES, ENERGY EFFICIENCY, AND INDOOR AIR QUALITY ARE OUR CORE PRINCIPLES HOUSING OPTIONS ARE TAILORED TO FAMILY INCOME AND INCLUDE PURCHASE AND RENTAL IN 2012, CHN COMPLETED DEVELOPMENT ON 57 GREEN AFFORDABLE HOUSING UNITS ALSO IN 2012, CHN SOLD 71 HOMES TO LOW-INCOME FAMILIES WHO COULD NOT OTHERWISE ACHIEVE HOMEOWNERSHIP THROUGH OUR NATIONALLY RECOGNIZED 15-YEAR LEASE PURCHASE HOMEOWNERSHIP PROGRAM

4b (Code) (Expenses \$ 19,042,860 including grants of \$) (Revenue \$ 1,585,557)

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 2012, CHN COMPLETED OVER 8,015 JOBS IN A 19 COUNTY AREA TO HELP NORTHEAST OHIO FAMILIES OVERCOME SHORT-TERM EMERGENCIES, CHN ADMINISTERED UTILITY BILL PAYMENT ASSISTANCE PROGRAMS THAT PROCESSED OVER 39,000 CASES IN 2012

4c (Code) (Expenses \$ 2,488,445 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 4,653 CLIENTS IN 2012 TO HELP NORTHEAST OHIO FAMILIES OVERCOME SHORT-TERM EMERGENCIES, CHN WORKED WITH OVER 1,050 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 33,096,555

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input 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? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <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? <i>If "Yes," complete Schedule D, Part VI</i> <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? <i>If "Yes," complete Schedule D, Part VII</i> <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? <i>If "Yes," complete Schedule D, Part VIII</i> <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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>	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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</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 (see instructions)</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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 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 through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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>	35b		
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		No
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 11b 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

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a-1b, 1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
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	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 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 made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 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 306 CLEVELAND, OH (216) 574-7100

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROLYNN GALLOWAY TRUSTEE/BOARD VICE-PRESIDE	2 00	X		X				0	0	0
(2) KRUME STOJANOVSKI TRUSTEE/BOARD PRESIDENT	2 00	X		X				0	0	0
(3) PETER MEISEL TRUSTEE/BOARD TREASURER	2 00	X		X				0	0	0
(4) DAVE BAILEY TRUSTEE	2 00	X						0	0	0
(5) NATE DAVIS TRUSTEE	2 00	X						0	0	0
(6) PAUL ETTORRE TRUSTEE	2 00	X						0	0	0
(7) MIKE GRIFFIN TRUSTEE	2 00	X						0	0	0
(8) SAHNARA HENDRIX TRUSTEE/ BOARD SECRETARY	2 00	X		X				0	0	0
(9) LORETTA HUNTER TRUSTEE/RESIDENT ADV COUNCIL	2 00	X						0	0	0
(10) PIEDAD GOMEZ TRUSTEE/RESIDENT ADV COUNCIL	2 00	X						0	0	0
(11) KEVIN NOWAK TRUSTEE/ 2ND VICE-PRESIDENT	2 00	X		X				0	0	0
(12) CAROLINE PEAK TRUSTEE	2 00	X						0	0	0
(13) ALFRED GODBOTT TRUSTEE	2 00	X						0	0	0
(14) SCOTT NAGY TRUSTEE	2 00	X						0	0	0
(15) PETER LEE TRUSTEE	2 00	X						0	0	0
(16) GARY SARDON TRUSTEE	2 00	X						0	0	0
(17) CAROL FRIEDMAN TRUSTEE	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) GEORGE PALDA TRUSTEE	2 00	X					0	0	0	
(19) ANTHONY SEIBERT TRUSTEE	2 00	X					0	0	0	
(20) ROBERT CURRY EXECUTIVE DIRECTOR	40 00			X			123,806	0	15,392	
(21) KATE MONTER DURBAN ASST DIRECTOR	40 00			X			99,323	0	3,992	
(22) PATRICK KENNEY COO	40 00			X			110,926	0	3,246	
(23) MARY SMIGELSKI DIRECTOR OF FINANCE	40 00			X			108,395	0	3,059	
(24) ROGER THOMAS SALES MANAGER	40 00					X	126,705	0	7,658	
(25) MARK WHIPKEY DIRECTOR OF ASSET MGMT	40 00					X	105,938	0	3,058	
(26) LIZ HERNANDEZ DIRECTOR OF PROPERTY SVC	40 00					X	103,900	0	3,077	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							778,993	0	39,482	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 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 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. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
MODERN CONSTRUCTION GROUP LLC 2146 WEST 150TH ST UNIT D CLEVELAND OH 44102	CONSTRUCTION	1,405,760
AMERICAN PRESERVATION BUILDERS 8111 ROCKSIDE 101 VALLEYVIEW OH 44125	CONSTRUCTION	887,678
NEW COMFORT HEATING & AIR LLC 14837 DETROIT AVE 346 LAKEWOOD OH 44107	WEATHERIZATION SVC	554,212
JOSEPH LIPFORD DBA JL CONSTRUCTION 7615 CORNELIA CLEVELAND OH 44103	WEATHERIZATION SVC	309,552
MICHAEL MILANO DBA MCM HOME SERVICES 1016 TIMOTHY LANE CLEVELAND OH 44109	WEATHERIZATION SVC	282,157

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **12**

Part VIII Statement of Revenue

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

		(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 98,704					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e 8,836,065					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 12,792,845					
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		21,727,614			
Program Service Revenue	2a SERVICE FEES					
		Business Code 900099	10,115,648	10,115,648		
	b RENTAL INCOME	900099	701,150	701,150		
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		10,816,798				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,200,581	2,200,581		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	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)					
	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						
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					
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					
Miscellaneous Revenue		Business Code				
11a MISC INCOME	900099	80,825	80,825			
b LOSS ON SALE OF HOUSES	900099	-991,967	-991,967			
c						
d All other revenue						
e Total. Add lines 11a-11d		-911,142				
12 Total revenue. See Instructions		33,833,851	12,106,237	0	0	

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)

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

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 United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	442,449	390,725	45,580	6,144
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	6,560,077	5,793,173	675,804	91,100
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	187,291	165,396	19,294	2,601
9	Other employee benefits.	1,195,723	1,055,937	123,181	16,605
10	Payroll taxes.	598,766	528,767	61,684	8,315
11	Fees for services (non-employees)				
a	Management.	342,070	342,070		
b	Legal.	22,371	18,488	1,370	2,513
c	Accounting.	61,500	50,825	3,766	6,909
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	561,435	463,987	34,378	63,070
12	Advertising and promotion.	78,549	64,915	4,810	8,824
13	Office expenses.	359,867	309,765	44,956	5,146
14	Information technology.				
15	Royalties.				
16	Occupancy.	854,535	796,588	53,311	4,636
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	129,214	40,758	88,456	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	85,833	80,489	5,344	
23	Insurance.	129,779	122,429	6,762	588
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PROGRAM SERVICES	20,551,585	20,551,585	0	0
b	RESERVES FOR IMPAIRMENT	2,281,888	2,281,888	0	0
c	MISCELLANEOUS	49,715	38,770	7,622	3,323
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	34,492,647	33,096,555	1,176,318	219,774
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	350,843	1	395,397
	2 Savings and temporary cash investments	7,491,558	2	8,052,789
	3 Pledges and grants receivable, net	1,663,187	3	1,802,885
	4 Accounts receivable, net	6,504,474	4	3,863,669
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other 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) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	30,803,838	7	33,884,473
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	245,661	9	168,056
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 4,272,015		
	b Less accumulated depreciation	10b 541,137	7,266,443	10c 3,730,878
	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	1,223,830	13	1,322,510
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	13,736,634	15	15,481,889
16 Total assets. Add lines 1 through 15 (must equal line 34)	69,286,468	16	68,702,546	
Liabilities	17 Accounts payable and accrued expenses	3,270,064	17	2,401,350
	18 Grants payable		18	
	19 Deferred revenue	1,178,129	19	760,140
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other 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	42,124,761	23	43,439,297
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	144,831	25	248,855
	26 Total liabilities. Add lines 17 through 25	46,717,785	26	46,849,642
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	21,670,483	27	20,978,504
	28 Temporarily restricted net assets	73,200	28	49,400
	29 Permanently restricted net assets	825,000	29	825,000
	Organizations that do not follow SFAS 117 (ASC 958), 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	22,568,683	33	21,852,904	
34 Total liabilities and net assets/fund balances	69,286,468	34	68,702,546	

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	33,833,851
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,492,647
3	Revenue less expenses Subtract line 2 from line 1	3	-658,796
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,568,683
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-56,983
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,852,904

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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

2012

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.

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 - Non-functionally integrated
- 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 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)		
11g(ii)		
11g(iii)		

(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 monetary 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	16,834,714	16,856,760	23,518,260	23,635,665	21,727,614	102,573,013
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	16,834,714	16,856,760	23,518,260	23,635,665	21,727,614	102,573,013
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						102,573,013

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	16,834,714	16,856,760	23,518,260	23,635,665	21,727,614	102,573,013
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,589,527	2,485,625	2,502,036	1,826,512	2,200,581	11,604,281
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)						114,177,294
12 Gross receipts from related activities, etc. (see instructions)					12	50,390,496
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	89.840 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	88.980 %
16a 33 1/3% support test—2012. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. 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 include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed consent.

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

Form for Part II Conservation Easements including checkboxes for preservation purposes, a table for held at the end of the year (2a-2d), and various questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting and amounts for revenues and assets.

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

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

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

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

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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

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	825,000	825,000
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	825,000	825,000	825,000	825,000	825,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment
- b** Permanent endowment 100.000 %
- c** Temporarily restricted endowment
The percentages in lines 2a, 2b, and 2c should equal 100%

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) Yes	
(ii) related organizations	3a(ii) Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b Yes	

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,501,196		3,501,196
c Leasehold improvements				
d Equipment		770,819	541,137	229,682
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,730,878

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

1	Total revenue, gains, and other support per audited financial statements		1	33,833,851
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 XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	33,833,851
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 XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	33,833,851

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

1	Total expenses and losses per audited financial statements		1	34,492,647
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 XIII)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	34,492,647
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 XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	34,492,647

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE NETWORK ACCOUNTS FOR UNCERTAIN TAX POSITIONS IN ACCORDANCE WITH GAAP, WHICH REQUIRES RECOGNITION OF AND DISCLOSURES RELATED TO UNCERTAIN TAX POSITIONS AS OF AND DURING THE YEAR ENDED DECEMBER 31, 2012, 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 2009.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

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 or 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization
CLEVELAND HOUSING NETWORK INC

Employer identification number

34-1346763

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	990 REVIEW POLICY 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 FINACE AND EXECUTIVE COMMITTEES REVIEW AND APPROVE THE IRS FORM 990 ANNUAL TAX FILINGS 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 CONSISTANT 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
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST 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 INDENTIFICATION OF POTENTIAL CONFLICTS ALL POTENTIAL CONFLICTS ARE PUBLISHED IN THE CONFLICT OF INTEREST LOG DISINTERESTED DIRECTORS SHALL DETERMINE, BASED ON THE FACTS PRESENTED, BY THE MAJORITY VOTE TO APPROVE TO ENTER INTO TRANSACTIONS OR ARRANGEMENTS WITH A POTENTIAL CONFLICT
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION REVIEW PROCESS THE ORGANIZATION'S EXECUTIVE DIRECTOR AND KEY EMPLOYEES EACH RECEIVED A MODEST SALARY INCREASE RANGING BETWEEN 1% AND 3% IN 2012 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
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS FOR PUBLIC INSPECTION DOCUMENTS ARE AVAILABLE UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	LOSS ON DISSOLUTION OF SUBSIDIARIES -56,983

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CLEVELAND NEW CONSTRUCTION LTD I 2999 PAYNE AVENUE CLEVELAND, OH 44114 34-1776371	REAL ESTATE	OH	23,795	493,769	N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity?	
						Yes	No
(1) NHI INC 2999 PAYNE AVENUE 306 CLEVELAND, OH 44114 34-1956653	SUPPORTING OR	OH	501(C)(3)	LINE 11A, I	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CARVER ASSOCIATES LLC 2999 PAYNE AVENUE CLEVELAND, OH 44114 03-0454329	REAL ESTATE	OH	N/A	RELATED				No			No	
(2) OPPORTUNITY HOUSING CLEVELAND 2999 PAYNE AVENUE CLEVELAND, OH 44114 26-3246341	REAL ESTATE	OH	N/A	RELATED	311	2,100,969		No			No	50.000 %
(3) CLEVELAND MULTIFAMILY LP II 2999 PAYNE AVENUE CLEVELAND, OH 44114 34-1617304	REAL ESTATE	OH	N/A	RELATED	-449,960			No			No	99.500 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related 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
1s		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-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
RELATED PARTNERSHIPS AND CORPORATIONS	FORM 990 - SCHEDULE R - PART III AND PART IV	THE RELATED PARTNERSHIPS AND CORPORATIONS LISTED ON SCHEDULE R WERE FORMED TO ASSIST THE ORGANIZATION IN THE FULFILLMENT OF ITS CHARITABLE MISSION OF DEVELOPING AFFORDABLE HOUSING FOR LOW- AND MODERATE-INCOME FAMILIES, GENERATING PATHWAYS OUT OF POVERTY, AND PROVIDING HOME OWNERSHIP OPPORTUNITIES SCHEDULE R - PART III THE PRIMARY ACTIVITY OF OPPORTUNITY HOUSING CLEVELAND IS DESCRIBED AS "REAL ESTATE" AND IS A JOINT PROGRAM BETWEEN THE ORGANIZATION AND ANOTHER CHARITABLE NONPROFIT ORGANIZATION 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 MANAGMENT" THESE CORPORATIONS MANAGE THE LOW- AND MODERATE-INCOME HOUSING WHOSE DEVELOPMENT WAS SPONSORED BY THE ORGANIZATION

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HOUSECO XIII INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 34-1824876	PROPERTY MGMT	OH	N/A	C	-75,523	13,709	100 000 %		No
HOUSECO XIV INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 34-1843895	PROPERTY MGMT	OH	N/A	C	-353,934	-419,458	100 000 %		No
HOUSECO XV INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 34-1854311	PROPERTY MGMT	OH	N/A	C	-53	-361	100 000 %		No
HOUSECO XVI INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 34-1876274	PROPERTY MGMT	OH	N/A	C	-58	99,410	100 000 %		No
HOUSECO XVII INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 34-1898787	PROPERTY MGMT	OH	N/A	C	-46	-665	100 000 %		No
HOUSECO XVIII INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 34-1938961	PROPERTY MGMT	OH	N/A	C	-41	-45,328	100 000 %		No
HOUSECO XIX INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 34-1963482	PROPERTY MGMT	OH	N/A	C	-36	245,411	100 000 %		No
HOUSECO XX INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 41-2062640	PROPERTY MGMT	OH	N/A	C	-64	111,536	100 000 %		No
HOUSECO XXI INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 76-0752101	PROPERTY MGMT	OH	N/A	C	-59	173,479	100 000 %		No
INFILL I INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 36-4025434	PROPERTY MGMT	OH	N/A	C	237	4,256	100 000 %		No
INFILL III INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 02-0559951	PROPERTY MGMT	OH	N/A	C	-36	-4,420	100 000 %		No
ERIEVIEW HOMES I CORP 2999 PAYNE AVENUE CLEVELAND, OH 44114 01-0607644	PROPERTY MGMT	OH	N/A	C	-23	249,230	100 000 %		No
ERIEVIEW HOMES II CORP 2999 PAYNE AVENUE CLEVELAND, OH 44114 36-4511575	PROPERTY MGMT	OH	N/A	C			100 000 %		No
EAST SIDE NEIGHBORHOOD HOMES 2999 PAYNE AVENUE CLEVELAND, OH 44114 13-4217057	PROPERTY MGMT	OH	N/A	C	-30	-12,743	100 000 %		No
ERIE SQUARE APARTMENTS II INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 14-1893981	PROPERTY MGMT	OH	N/A	C	-90	449,770	100 000 %		No
HOME CO HOMES 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-1210923	PROPERTY MGMT	OH	N/A	C	156,000		100 000 %		No
STOCKYARD HOMES I INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-3185289	PROPERTY MGMT	OH	N/A	C	-31	-2,148	100 000 %		No
EMERALD ALLIANCE II INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-3185147	PROPERTY MGMT	OH	N/A	C	-22	941,741	51 000 %		No
CLEVELAND NEW CONSTRUCTION HOMES IV 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-5124686	PROPERTY MGMT	OH	N/A	C	-28	-2,905	100 000 %		No
SLAVIC VILLAGE HOMES INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-5124631	PROPERTY MGMT	OH	N/A	C	-25	-2,124	100 000 %		No
HOUSECO INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 34-1660978	PROPERTY MGMT	OH	N/A	C	23,558	241,125	100 000 %		No
RAINBOW PLACE APARTMENTS INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-4216859	PROPERTY MGMT	OH	N/A	C	-38	1,632,411	100 000 %		No
SOUTH POINTE COMMONS INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-5124526	PROPERTY MGMT	OH	N/A	C	-16	1,141,647	51 000 %		No
EDGEWOOD PARK INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 26-0690559	PROPERTY MGMT	OH	N/A	C	-20	692,295	51 000 %		No
CLEVELAND GREEN HOMES EAST INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 26-3068728	PROPERTY MGMT	OH	N/A	C	-28	8	100 000 %		No

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CLEVELAND GREEN HOMES INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 26-3397957	PROPERTY MGMT	OH	N/A	C	-18	-59	100 000 %		No
ERIEVIEW VILLAGE HOMES II CORP 2999 PAYNE AVENUE CLEVELAND, OH 44114 20-8647115	PROPERTY MGMT	OH	N/A	C	-38	-2,205	100 000 %		No
NETWORK RESTORATION INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 34-1524244	PROPERTY MGMT	OH	N/A	C	-20,207		100 000 %		No
EMERALD ALLIANCE V 2999 PAYNE AVENUE CLEVELAND, OH 44114 27-0683854	PROPERTY MGMT	OH	N/A	C	-23	605,172	51 000 %		No
CLEVELAND GREEN HOMES II INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 27-0676197	PROPERTY MGMT	OH	N/A	C	-51	572,237	100 000 %		No
CLEVELAND NSP HOMES I INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 42-2156335	PROPERTY MGMT	OH	N/A	C	-28	-28	100 000 %		No
EMERALD ALLIANCE VII INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 27-3596084	PROPERTY MGMT	OH	N/A	C			51 000 %		No
EMERALD ALLIANCE VI INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 45-2063593	PROPERTY MGMT	OH	N/A	C			51 000 %		No
CLEVELAND GREEN HOMES III INC 2999 PAYNE AVENUE CLEVELAND, OH 44114 90-0854010	PROPERTY MGMT	OH	N/A	C			100 000 %		No

