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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 12-31-2020

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
COALITION ON HOMELESSNESS AND HOUSING IN OHIO

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
175 SOUTH THIRD STREET NO 580

City or town, state or province, country, and ZIP or foreign postal code
COLUMBUS, OH 43215

D Employer identification number
31-1189029

E Telephone number
(614) 280-1984

G Gross receipts $ 8,455,420

F Name and address of principal officer:
WILLIAM FAITH
175 SOUTH THIRD STREET NO 580
COLUMBUS,OH 43215

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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.COHHIO.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1986

M State of legal domicile: OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
COHHIO IS A COALITION OF ORGANIZATIONS AND INDIVIDUALS COMMITTED TO ENDING HOMELESSNESS AND PROMOTING DECENT, SAFE, FAIR, AFFORDABLE HOUSING FOR ALL, WITH A FOCUS ON ASSISTING LOW-INCOME PEOPLE AND THOSE WITH SPECIAL NEEDS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	**5**	19
6	Total number of volunteers (estimate if necessary)	**6**	25
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 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,360,180	5,729,139
9	Program service revenue (Part VIII, line 2g)	294,548	203,760
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	25,579	17,406
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,890	3,221
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,700,197	5,953,526
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	305,868	3,352,584
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)	1,656,934	1,710,872
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶47,201		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	631,015	773,915
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,593,817	5,837,371
19	Revenue less expenses. Subtract line 18 from line 12	106,380	116,155

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,923,116	7,782,024
21	Total liabilities (Part X, line 26)	308,345	6,051,098
22	Net assets or fund balances. Subtract line 21 from line 20	1,614,771	1,730,926

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 — Date: 2021-10-14

WILLIAM FAITH EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-10-04		P01242481

Firm's name ▶ TIDWELL GROUP LLC — Firm's EIN ▶ 27-1490692

Firm's address ▶ 4249 EASTON WAY STE 210, COLUMBUS, OH 43219 — Phone no. (614) 528-1441

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

COHHIO IS A COALITION OF ORGANIZATIONS AND INDIVIDUALS COMMITTED TO ENDING HOMELESSNESS AND PROMOTING DECENT, SAFE, FAIR, AFFORDABLE HOUSING FOR ALL, WITH A FOCUS ON ASSISTING LOW-INCOME PEOPLE AND THOSE WITH SPECIAL NEEDS.

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 $ 3,423,366 including grants of $ 3,299,577) (Revenue $)

SUPPORT TO OTHER ORGANIZATIONS DURING 2020, COHHIO, THROUGH VIGOROUS FUNDRAISING FOR COVID EMERGENCY RELIEF, WAS ABLE TO PROVIDE SUPPORT GRANTS TO AGENCIES SERVING HOMELESS INDIVIDUALS. THESE GRANTS WERE USED TO PROVIDE NECESSARY SUPPLIES AND SUPPORT FOR THE SAFETY OF STAFF AND CLIENTS FROM THE COVID-19 PANDEMIC.COHHIO'S PANDEMIC EMERGENCY FUND (PEF) DISTRIBUTED NEARLY $1.2M IN GRANTS TO AGENCIES TO SUPPORT PURCHASING CLEANING SUPPLIES AND PROTECTIVE EQUIPMENT, MODIFYING EXISTING SHELTER SPACE TO MEET CDC GUIDELINES FOR SOCIAL DISTANCING, CREATE AND UTILIZE ALTERNATE SHELTER SPACE SUCH AS MOTELS AND HOTELS, DIVERT AND RAPIDLY REHOUSE HOUSEHOLDS TO AVOID ENTERING SHELTER OR BEING IN OTHER UNSAFE SPACES, AND, FINALLY, OFFER MUCH NEEDED OPERATIONAL SUPPORT FOR THE INCREASED STAFFING AND HAZARD PAY FOR EMPLOYEES. COHHIO ALSO UTILIZED PEF FUNDS TO LEVERAGE MASS QUANTITIES OF PPE THAT WAS DISTRIBUTED STATEWIDE TO EMERGENCY SHELTERING AGENCIES. COHHIO RECEIVED AN INITIAL $250,000 TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) GRANT IN MARCH 2020 THAT WAS SUBSEQUENTLY INCREASED TO $15 MILLION FOR THE FISCAL YEAR BEGINNING JULY 2020 TO SUPPORT RAPID RE-HOUSING AND HOMELESS PREVENTION. FINANCIAL ASSISTANCE TO TANF ELIGIBLE HOUSEHOLDS INCLUDED RENTAL ASSISTANCE, SECURITY AND UTILITY DEPOSITS, CASE MANAGEMENT, COUNSELING SERVICES, TRANSPORTATION, AND MOVING EXPENSES. AT THE END OF YEAR, OVER $1.9 MILLION OF THESE FUNDS WAS SPENT ASSISTING 4,686 FAMILIES.

4b (Code:) (Expenses $ 1,052,581 including grants of $) (Revenue $)

OHIO BALANCE OF STATE CONTINUUM OF CAREON BEHALF OF OHIO, COHHIO PROVIDES LEADERSHIP AND PRIMARY STAFF SUPPORT TO THE OHIO BALANCE OF STATE CONTINUUM OF CARE (BOSCOC), A REGIONAL HOMELESS SERVICES PLANNING AND COORDINATION BODY COMPRISED OF 80 COUNTIES. IN THIS ROLE, COHHIO MANAGES THE BOSCOC PROGRAM AND SYSTEMS-LEVEL PERFORMANCE, LEADS STRATEGIC PLANNING EFFORTS, AND FACILITATES THE ANNUAL APPLICATION PROCESS FOR FEDERAL HOMELESS DOLLARS. IN 2020, COHHIO HELPED SECURE MORE THAN $20 MILLION IN FEDERAL HOMELESS PROGRAM FUNDS FOR THE BOSCOC TO SUPPORT EMERGENCY SHELTERS, TRANSITIONAL HOUSING, RAPID RE-HOUSING AND PERMANENT SUPPORTIVE HOUSING PROGRAMS. INTEGRATED WITHIN THE BALANCE OF STATE CONTINUUM OF CARE PROGRAM, THE HOMELESS MANAGEMENT INFORMATION SYSTEMS (HMIS) UNIT COLLECTS AND MAINTAINS DATA ON HOMELESS INDIVIDUALS IN HOMELESS ASSISTANCE PROGRAMS WITHIN THE CONTINUUM OF CARE. THE DATA IS USED TO HELP DETERMINE THE EFFICACY OF THESE PROGRAMS AND TO IMPROVE THE OVERALL SYSTEM RESPONSE TO HOMELESSNESS. THE HMIS UNIT WAS INSTRUMENTAL IN PROVIDING THE HOUSING INVENTORY CHART AND POINT IN TIME COUNT DATA DURING 2020. THE HMIS TEAM OFFERED IN-PERSON AND ELECTRONIC DATABASE AND CUSTOMIZATION TRAININGS FOR SCORES OF AGENCIES ACROSS THE STATE. THIS HELPED FACILITATE THE DISTRIBUTION OF MORE THAN $20 MILLION IN FEDERAL FUNDS FOR OHIO FAMILIES.IN ADDITION TO THE STANDARD ACTIVITIES, OHIO BOSCOC AND HMIS TEAMS PROVIDED INTENSIVE AND ONGOING SUPPORT TO COMMUNITIES AND PROVIDERS REGARDING PANDEMIC RESPONSES. THIS INCLUDED PROVIDING GUIDANCE AND TRAININGS ON OPERATING CONGREGATE FACILITIES DURING THE PANDEMIC, CREATING AND OPERATING ISOLATION AND QUARANTINE UNITS, CREATING AND OPERATING NON-CONGREGATE SHELTER UNITS, AND REVISING PROVISION OF SUPPORTIVE SERVICES IN HOUSING PROGRAMS. ADDITIONALLY, THE COC AND HMIS TEAMS CREATED CUSTOM FORMS AND WORKFLOWS TO COLLECT KEY PANDEMIC RELATED DATA IN HMIS INCLUDING, REPORTING DATA ABOUT COVID-19 SYMPTOMS, HEALTH RISKS, POSITIVE COVID-19 TEST RESULTS AND REPORTING DATA ON VACCINATIONS. THE COC AND HMIS TEAMS HAVE ALSO WORKED WITH KEY PARTNERS TO HELP PROVIDERS ACCESS VACCINES FOR THEIR CLIENTS AND HAVE SUPPORTED PROVIDERS TO HELP ADVOCATE FOR VACCINE ACCEPTANCE AMONG THEIR CLIENTS.

4c (Code:) (Expenses $ 670,327 including grants of $ 25,050) (Revenue $)

ADVOCACY COHHIO'S ADVOCACY EFFORTS SEEK TO END HOMELESSNESS AND EXPAND ACCESS TO AFFORDABLE HOUSING FOR ALL OHIO FAMILIES AND INDIVIDUALS. COHHIO ESPECIALLY TARGETS OHIO'S MOST CHALLENGED POPULATIONS EXTREMELY LOW-INCOME PEOPLE AND OHIOANS WITH DISABILITIES.ACTIVITIES UNDERTAKEN IN 2020 INCLUDE: PANDEMIC RESPONSE LED THE HOMELESS SYSTEM'S INITIAL EMERGENCY RESPONSE TO THE CORONAVIRUS PANDEMIC BY ASSESSING SHELTER READINESS, URGING STATE AND LOCAL HEALTH DEPARTMENTS TO ASSIST HOMELESS PROGRAMS, AND RAISING NEARLY $3 MILLION FROM PRIVATE SOURCES TO HELP DECONCENTRATE SHELTERS, MAINTAIN OPERATIONS, AND OBTAIN EMERGENCY SUPPLIES. EMERGENCY RENTAL ASSISTANCE SUCCESSFULLY ADVOCATED FOR THE STATE TO ALLOCATE $111 MILLION FOR UNEMPLOYED TENANTS FACING EVICTION DURING THE PANDEMIC, AND WORKED WITH OHIO'S CONGRESSIONAL DELEGATION TO SUPPORT THE INCLUSION OF OVER $50 BILLION IN EMERGENCY RENTAL ASSISTANCE IN FEDERAL CORONAVIRUS RELIEF LEGISLATION. STATE EMERGENCY RELIEF ENCOURAGED THE OHIO HOUSING FINANCE AGENCY TO ALLOCATE $11.5 MILLION FOR HOMELESS PREVENTION, RAPID REHOUSING, AND HELP HOMELESS SHELTERS GET THE FUNDING, SPACE, AND PPE THEY NEED TO CONTINUE OPERATING. HOUSING NOW FOR HOMELESS FAMILIES SECURED $16 MILLION IN FEDERAL TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF) FUNDING FOR LOCAL RAPID REHOUSING AND HOMELESS PREVENTION SERVICES FOR FAMILIES WITH CHILDREN. FEDERAL BUDGET COHHIO CONTINUED WORKING WITH NATIONAL AND STATE PARTNERS TO INCREASE FEDERAL FUNDING FOR HOMELESS AND AFFORDABLE HOUSING SERVICES THAT HELP MAKE HOME A REALITY FOR THE MOST VULNERABLE OHIOANS. HOUSING NOW FOR HOMELESS FAMILIES PROGRAM COHHIO PROMOTED A PLAN TO ADDRESS HOMELESSNESS AMONG THE GROWING NUMBER OF CHILDREN AND FAMILIES IN OHIO'S HOMELESS SYSTEM AND BEGAN WORKING WITH THE ADMINISTRATION TO IMPLEMENT IT. SUPPORTIVE HOUSING RALLIED SUPPORT FOR LEGISLATION TO PROTECT PERMANENT SUPPORTIVE HOUSING PROGRAMS FROM EFFORTS TO APPLY PROPERTY TAXES THAT WOULD JEOPARDIZE THEIR FINANCIAL VIABILITY. SERVICES FOR HOMELESS YOUTH MONITORED IMPLEMENTATION OF A $5 MILLION APPROPRIATION FOR THE OHIO DEPARTMENT OF HEALTH TO PROVIDE GRANTS TO LOCAL ORGANIZATIONS WHO SERVICE TRANSITION AGE YOUTH AND ADVOCATED FOR ITS CONTINUATION. FEDERAL RULEMAKING OPPOSED EFFORTS TO WEAKEN FEDERAL FAIR HOUSING PROTECTIONS BY REVERSING THE AFFIRMATIVELY FURTHERING FAIR HOUSING RULE AND DISPARATE IMPACT RULE, AND COORDINATED OHIO-BASED EFFORTS TO OPPOSE CHANGES TO THE COMMUNITY REINVESTMENT ACT THAT WOULD REDUCE INVESTMENT IN LOW-INCOME COMMUNITIES. VOTING COHHIO'S OHIO VOTES PROGRAM WORKED WITH OTHER NONPROFIT ORGANIZATIONS TO EXPAND VOTER LITERACY AND INCREASE CIVIC PARTICIPATION AMONG THEIR ECONOMICALLY DISADVANTAGED CLIENTS, CONSTITUENTS AND NEIGHBORHOODS THEY SERVE.

(Code:) (Expenses $ 457,305 including grants of $ 27,957) (Revenue $ 206,981)

YOUTH HOUSING INITIATIVETHIS PROGRAM, WHICH ADVOCATES FOR HOMELESS YOUTH, INCLUDING ABUSED AND NEGLECTED YOUTH, PARTNERS WITH YOUTH PROVIDERS, STATE AGENCIES, AND OTHER ORGANIZATIONS THROUGHOUT OHIO. DURING THE YEAR, STAFF PROVIDED TRAINING AND TECHNICAL ASSISTANCE DETAILING BEST PRACTICES IN SERVICE DELIVERY AND THE UNIQUE NEEDS OF TRANSITION AGE YOUTH (TAY) EXPERIENCING HOMELESSNESS. THE YOUTH INITIATIVE COORDINATOR CONDUCTED TECHNICAL ASSISTANCE WITH NEARLY 30 PROVIDER AGENCIES ACROSS VARIOUS REGIONS IN OHIO. THE PROGRAM PARTNERED WITH VARIOUS GROUPS TO CONDUCT TWO STATE-WIDE WEBINARS (UNIQUE LEGAL NEEDS OF TAY AND EMANCIPATED YOUTH, FAMILY HOMELESSNESS 101), ATTENDED BY OVER 100 PEOPLE. A NETWORK OF RUNAWAY AND HOMELESS YOUTH PROVIDERS WAS CONVENED THREE TIMES VIRTUALLY TO DISCUSS, PLAN AND COORDINATE ADVOCACY EFFORTS TO MEET THE NEEDS OF THIS VULNERABLE POPULATION. THE YOUTH HOUSING INITIATIVE COORDINATOR PARTNERED WITH CHAPIN HALL, WESTAT AND ABT ASSOCIATES TO FACILITATE NUMEROUS FOCUS GROUPS AND RESEARCH PROJECTS AIMED AT INVESTIGATING THE NEEDS OF RURAL TAY ENDURING HOMELESSNESS AND INNOVATIVE STRATEGIES TO ADDRESS THOSE NEEDS.COMPREHENSIVE TECHNICAL ASSISTANCE AND SUPPORTS ARE PROVIDED TO ALL YOUTH HOMELESSNESS DEMONSTRATION PROJECTS (YHDP) IN OHIO IN COORDINATION WITH THE BALANCE OF STATE CONTINUUM OF CARE COC STAFF. STAFF PARTNER WITH YHDP SITES THROUGHOUT THE COUNTRY TO DEVELOP AND SHARE BEST PRACTICES. TENANT HOUSING INFORMATION/FAIR HOUSING STABILIZING AT-RISK RENTAL HOUSEHOLDS, EXPANDING HOUSING CHOICE, PRESERVING AFFORDABLE HOUSING, EMPOWERING TENANT COMMUNITIES, AND ADVOCATING FOR TENANT'S RIGHTS ARE THE CORE ACTIVITIES OF THIS PROGRAM. STAFF PROVIDE TRAINING AND DIRECT ASSISTANCE TO TENANTS AND LANDLORDS, AS WELL AS HOUSING AND SERVICE PROVIDERS AROUND THE STATE. COHHIO'S AFFORDABLE AND FAIR HOUSING COORDINATOR, SERVES AS A RESOURCE ON HOUSING LAW FOR VARIOUS STATE AGENCIES, INCLUDING THE DEPARTMENT OF DEVELOPMENTAL DISABILITIES, OHIO MENTAL HEALTH AND ADDICTION SERVICES, OHIO HOUSING FINANCE AGENCY, OHIO DEVELOPMENT SERVICES AGENCY, AND THE OHIO ATTORNEY GENERAL.THE HOUSING INFORMATION LINE OFFERS FREE LEGAL ADVICE TO ANYONE WHO HAS A QUESTION RELATED TO HOUSING WITH AN EMPHASIS ON LANDLORD/TENANT ISSUES. THE INFORMATION LINE HELPS KEEP FAMILIES AND INDIVIDUALS IN THEIR HOMES BY PROVIDING ADVICE TO BOTH TENANTS AND LANDLORDS TO PREVENT MISTAKES THAT LEAD TO UNNECESSARY AND/OR ILLEGAL EVICTIONS. THIS INCLUDES WORKING WITH SUBSIDIZED HOUSING PROVIDERS FOR THE BENEFIT OF THE TENANTS THERE.DURING THE COURSE OF 2020, THERE WERE MORE THAN 2,800 CONTACTS WITH TENANTS, LANDLORDS AND OTHER SERVICE PROVIDERS THROUGH TRAINING SESSIONS, PHONE CALLS, AND EMAILS. COHHIO ALSO CONDUCTS QUARTERLY MEETINGS OF THE OHIO PRESERVATION NETWORK (OPN) AS WELL AS PROVIDING INFORMATION TO THE 180 OPN MEMBERS THROUGH THE LISTSERV (THE APRIL OPN MEETING WAS CANCELLED DUE TO

COVID, AND LATER MEETINGS WERE HELD VIRTUALLY). COVID 19 INFO BECAME THE HOT TOPIC IN 2020 AS COHHIO TRIED TO KEEP UP WITH A FLUID SITUATION WHERE FEDERAL AUTHORITIES, STATE DECISION-MAKERS, AND COURTS WERE CONSTANTLY CHANGING RULES TO ADAPT TO AN EVER CHANGING ENVIRONMENT. COVID-19 BECAME A HOT TOPIC ON BOTH THE HOUSING INFORMATION LINE AS WELL AS A TOPIC FOR PRESENTATIONS. COHHIO ALSO CONTRACTED WITH OHIO RECOVERY HOUSING TO DO A SERIES OF REGIONAL TRAININGS WITH OTHER PRESENTERS ON VARIOUS ASPECTS OF THE LAW ABOUT WHICH RECOVERY HOUSING PROVIDERS NEED TO KNOW. HOWEVER, THE REGIONAL MEETINGS WERE CONVERTED TO WEBINARS AS ALL IN-PERSON TRAININGS WERE CANCELLED IN 2020. COHHIO PRESENTED ON THE APPLICATION OF LANDLORD-TENANT LAW TO RECOVERY HOUSING.SOAR OHIO LAUNCHED IN 2008, COHHIO'S SOAR OHIO PROJECT HELPS EXPEDITE THE SSI (SUPPLEMENTAL SECURITY INCOME) AND SSDI (SOCIAL SECURITY DISABILITY INCOME) APPLICATION PROCESS AND REDUCE BARRIERS FOR DISABLED INDIVIDUALS (THOSE WITH A PHYSICAL DISABILITY AND/OR SERIOUS AND PERSISTENT MENTAL ILLNESS) WHO ARE EXPERIENCING HOMELESSNESS, ARE AT RISK OF BECOMING HOMELESS OR ARE PREPARING TO EXIT AN INSTITUTION. DURING THE YEAR 293 INDIVIDUALS WERE SERVED AND COLLECTIVELY AWARDED $2.7 MILLION IN DISABILITY BENEFITS AND NEARLY $508,000.00 IN BACK AWARD PAYMENTS.DURING THE COVID-19 PANDEMIC STAFF ASSISTED 382 CALLERS AND 532 EMAILS REQUESTS WITH SOAR RELATED QUESTIONS AND REFERRALS. STAFF ALSO ADVOCATED WITH FEDERAL SOCIAL SECURITY ON PROVIDING ACCESS TO APPLY FOR BENEFITS ON BEHALF OF OUR VULNERABLE POPULATIONS THROUGHOUT OHIO. THIS ADVOCACY WORK WAS INVALUABLE WHILE THE SSA FIELD OFFICES WERE CLOSED TO THE PUBLIC.TO DATE, THIS PROGRAM HAS ASSISTED 9,493 OHIOANS GAIN THE BENEFITS THEY WERE ELIGIBLE FOR, HELPING TO STABILIZE THEIR LIVES, AND THE LIVES OF THEIR FAMILIES THROUGH THE AWARD OF $34.2 MILLION IN ANNUAL INCOME. STAFF PARTICIPATED ON A NATIONAL PANEL OF EXPERTS ON SOAR TO DEVELOP, EDUCATE, AND REVIEW CURRENT AND FUTURE ENDEAVORS IN THIS SUBJECT AREA.TRAINING AND TECHNICAL ASSISTANCE EACH YEAR, COHHIO'S TRAINING AND TECHNICAL ASSISTANCE PROGRAM DELIVERS TOOLS AND KNOWLEDGE TO MORE THAN 400 COMMUNITY-BASED ORGANIZATIONS. THIS INCLUDES TRAININGS AND SEMINARS, PHONE/EMAIL CONSULTATIONS, SITE VISITS, WORKSHOPS, CURRICULUM DEVELOPMENT, MEETINGS WITH STATE POLICY MAKERS, PEER TO PEER LEARNING EVENTS, DISTRIBUTING PRINTED MATERIALS, GUIDANCE, TARGETED TECHNICAL ASSISTANCE AND HOSTING AN ANNUAL RESOURCE-RICH STATEWIDE CONFERENCE FEATURING STATE AND NATIONAL EXPERTS IN THE HOMELESSNESS AND HOUSING ARENA. IN MARCH, 500 PROVIDERS REGISTERED FOR COHHIO'S ANNUAL STATEWIDE CONFERENCE THAT WAS SUBSEQUENTLY CANCELED DUE TO THE PANDEMIC. DURING THE PANDEMIC THE MAJORITY OF TRAININGS WERE VIRTUAL, AND INCLUDED OVER 40 STATEWIDE EVENTS. THIS COMBINATION OF IN-PERSON BUT MOSTLY VIRTUAL TRAINING WAS ATTENDED BY OVER 3,500 PROFESSIONALS. THESE TRAININGS PROMOTED THE UTILIZATION OF BEST PRACTICES FOR SUPPORTING INDIVIDUALS AND FAMILIES AT RISK OF HOMELESSNESS, EXPERIENCING, AND/OR WHO HAD PREVIOUSLY EXPERIENCED HOMELESSNESS IN EACH OF THE 88 COUNTIES IN OHIO. DUE TO THE PANDEMIC, TARGETED TRAINING AND TECHNICAL ASSISTANCE FOCUSED ON ENSURING THE HOMELESS SYSTEM ACCESSED RESOURCES, CDC GUIDANCE, UTILIZED BEST PRACTICES, AND MORE. THIS LED TO AN INCREASE OF TRAININGS IN ORDER TO MEET THESE NEEDS.

4d	Other program services (Describe in Schedule O.)					
	(Expenses $	457,305	including grants of $	27,957) (Revenue $	206,981)	
4e	**Total program service expenses** ▶	5,603,579				

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*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	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*	3		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*	4	Yes	
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*	5		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? *If "Yes," complete Schedule D,* Part I	6		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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
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.	11a	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*	11b		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*	11c		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*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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 and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		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)	17		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*	18		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*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part 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? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	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 or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	19		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
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)?			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
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 as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
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?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . .	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	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.			**13a**	
b	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	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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 or note to any line 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.	**1a**	17		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	17		
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?		**2**		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?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		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?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	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*		**9**		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?	**10a**		No
b	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?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	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*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	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?	**16a**		No
b	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?	**16b**		

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-A 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, address, and telephone number of the person who possesses the organization's books and records: ▶CHUCK COOK 175 S THIRD STREET STE 580 COLUMBUS,OH 43215 (614) 280-1984

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

Check if Schedule O contains a response or note to any line 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.

See instructions for the order in which to list the persons above.

☐ 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) FRED BERRY PRESIDENT	4.00	X		X				0	0	0
(2) BETH FETZER-RICE VICE PRESIDENT	2.00	X		X				0	0	0
(3) SHIRENE STARN TAPYRIK SECRETARY	2.00	X		X				0	0	0
(4) BAMBI BAUGHN TREASURER	2.00	X		X				0	0	0
(5) KEVIN ALDRIDGE TRUSTEE	1.00	X						0	0	0
(6) SHELIA PRILLERMAN TRUSTEE	1.00	X						0	0	0
(7) SAMANTHA SHULER TRUSTEE	1.00	X						0	0	0
(8) CHERYL DENNY TRUSTEE	1.00	X						0	0	0
(9) MARY RIVERS TRUSTEE	1.00	X						0	0	0
(10) MONA JENKINS TRUSTEE	1.00	X						0	0	0
(11) KATE MONTER DURBAN TRUSTEE	1.00	X						0	0	0
(12) TOM SIMONS TRUSTEE	1.00	X						0	0	0
(13) JESSICA JENKINS TRUSTEE	1.00	X						0	0	0
(14) DENISE FOX TRUSTEE	1.00	X						0	0	0
(15) TOM ALBANESE TRUSTEE	1.00	X						0	0	0
(16) ERIC MORSE TRUSTEE	1.00	X						0	0	0
(17) JOE PIMMEL TRUSTEE	1.00	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) WILLIAM FAITH EXECUTIVE DIRECTOR	50.00			X				126,047	0	0
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								126,047	0	0

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 ▶ 1

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such individual*		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? *If "Yes," complete Schedule J for such person*		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
POLICYWORKS LLC 155 W MAIN STREET SUITE 1704 COLUMBUS, OH 43215	PURCHASE OF ADVERTISING MEDIA - GET OUT	125,000
WELLSKY PO BOX 204176 DALLAS, TX 75320	HMIS SOFTWARE SUBSCRIPTION AND SOFTWARE	124,943

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 ▶ 2

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line 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 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b	49,650			
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	3,617,693			
f All other contributions, gifts, grants, and similar amounts not included above	1f	2,061,796			
g Noncash contributions included in lines 1a - 1f:$	1g				
h **Total.** Add lines 1a-1f		5,729,139			
Program Service Revenue	Business Code				
2a HMIS PARTICIPATION FEES	531110	129,835	129,835		
b SERVICES	531110	57,600	57,600		
c WORKER'S COMPENSATION	531110	12,550	12,550		
d TRAINING AND SEMINAR	531110	3,775	3,775		
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f		203,760			
3 Investment income (including dividends, interest, and other similar amounts)		20,701			20,701
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents 6a					
b Less: rental expenses 6b					
c Rental income or (loss) 6c					
d Net rental income or (loss)					
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory 7a	2,498,599				
b Less: cost or other basis and sales expenses 7b	2,501,894				
c Gain or (loss) 7c	-3,295				
d Net gain or (loss)		-3,295			-3,295
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18 8a					
b Less: direct expenses 8b					
c Net income or (loss) from fundraising events					
Other Revenue 9a Gross income from gaming activities. See Part IV, line 19 9a					
b Less: direct expenses 9b					
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances 10a					
b Less: cost of goods sold 10b					
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS REVENUE	531110	3,221	3,221		
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d		3,221			
12 **Total revenue.** See instructions		5,953,526	206,981	0	17,406

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	3,352,584	3,352,584		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	126,047	110,284	12,974	2,789
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	1,134,268	992,416	116,754	25,098
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	101,586	89,489	9,368	2,729
9 Other employee benefits	261,225	230,116	24,091	7,018
10 Payroll taxes	87,746	77,297	8,092	2,357
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
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)	441,952	438,904		3,048
12 Advertising and promotion				
13 Office expenses	136,014	135,575	180	259
14 Information technology	9,488	9,351		137
15 Royalties				
16 Occupancy	89,065	78,010	10,018	1,037
17 Travel	9,460	9,456		4
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	38,899	37,897	616	386
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,027		2,027	
23 Insurance	7,124	6,631	342	151
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 GENERAL AND ADMINISTRAT	24,959	21,222	1,751	1,986
b EQUIPMENT MAINTENANCE	11,721	11,519		202
c TRAINING & EDUCATION	3,206	2,828	378	
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	5,837,371	5,603,579	186,591	47,201
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 ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,678,313	1	4,951,487
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		155,224	3	1,177,801
	4	Accounts receivable, net		45,022	4	23,674
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		37,950	9	28,553
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,474			
	b	Less: accumulated depreciation	10b 15,474	2,027	10c	0
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		4,580	15	1,600,509
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		1,923,116	16	7,782,024
Liabilities	17	Accounts payable and accrued expenses		308,345	17	4,051,098
	18	Grants payable			18	
	19	Deferred revenue			19	
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	2,000,000
	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			25	
	26	**Total liabilities.** Add lines 17 through 25		308,345	26	6,051,098
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,614,771	27	1,730,926
	28	Net assets with donor restrictions			28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		1,614,771	32	1,730,926
	33	Total liabilities and net assets/fund balances		1,923,116	33	7,782,024

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,953,526
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,837,371
3	Revenue less expenses. Subtract line 2 from line 1	3	116,155
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,614,771
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	1,730,926

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?	3a	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.	3b	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
COALITION ON HOMELESSNESS AND HOUSING IN OHIO

Employer identification number
31-1189029

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 12, 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 (Form 990 or 990-EZ).)

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ 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.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	2,679,800	2,896,586	2,985,435	2,360,180	5,729,139	16,651,140
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	2,679,800	2,896,586	2,985,435	2,360,180	5,729,139	16,651,140
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). .						209,003
6 **Public support.** Subtract line 5 from line 4.						16,442,137

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .	2,679,800	2,896,586	2,985,435	2,360,180	5,729,139	16,651,140
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	13,638	15,867	24,545	25,579	17,406	97,035
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 VI.). .	37,438	39,859	37,817	19,890		135,004
11 **Total support.** Add lines 7 through 10						16,883,179

12	Gross receipts from related activities, etc. (see instructions)	12	1,146,387

13 **First 5 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

14	Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	97.390 %
15	Public support percentage for 2019 Schedule A, Part II, line 14	15	97.600 %

16a **33 1/3% support test—2020.** 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—2019.** 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 . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** 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 VI 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 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

14 **First 5 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 2020 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2019 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2020.** 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—2019.** 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in 11a above?	**11b**		
c	A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	**1**		
2	Recoveries of prior-year distributions	**2**		
3	Other gross income (see instructions)	**3**		
4	Add lines 1 through 3	**4**		
5	Depreciation and depletion	**5**		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7	Other expenses (see instructions)	**7**		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	**8**		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	**1**		
a	Average monthly value of securities	**1a**		
b	Average monthly cash balances	**1b**		
c	Fair market value of other non-exempt-use assets	**1c**		
d	**Total** (add lines 1a, 1b, and 1c)	**1d**		
e	**Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2	Acquisition indebtedness applicable to non-exempt use assets	**2**		
3	Subtract line 2 from line 1d	**3**		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6	Multiply line 5 by 0.035	**6**		
7	Recoveries of prior-year distributions	**7**		
8	**Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	**1**	
2	Enter 85% of line 1	**2**	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	**3**	
4	Enter greater of line 2 or line 3	**4**	
5	Income tax imposed in prior year	**5**	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	**6**	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2020**	**(iii) Distributable Amount for 2020**
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization	Employer identification number
COALITION ON HOMELESSNESS AND HOUSING IN OHIO	31-1189029

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
COALITION ON HOMELESSNESS AND HOUSING IN OHIO

Employer identification number
31-1189029

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Name of organization
COALITION ON HOMELESSNESS AND HOUSING IN OHIO

Employer identification number
31-1189029

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		$	

Name of organization
COALITION ON HOMELESSNESS AND HOUSING IN OHIO

Employer identification number
31-1189029

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of** ***exclusively*** **religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			

(e) Transfer of gift

Transferee's name, address, and ZIP 4	Relationship of transferor to transferee
-	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization	Employer identification number
COALITION ON HOMELESSNESS AND HOUSING IN OHIO	31-1189029

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	18,473	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	26,609	
c Total lobbying expenditures (add lines 1a and 1b)	45,082	
d Other exempt purpose expenditures	5,792,289	
e Total exempt purpose expenditures (add lines 1c and 1d)	5,837,371	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	441,869	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g	Grassroots nontaxable amount (enter 25% of line 1f)	110,467	
h	Subtract line 1g from line 1a. If zero or less, enter -0-.	0	
i	Subtract line 1f from line 1c. If zero or less, enter -0-.	0	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	289,863	294,217	279,691	441,869	1,305,640
b Lobbying ceiling amount (150% of line 2a, column(e))					1,958,460
c Total lobbying expenditures	55,020	76,209	94,265	45,082	270,576
d Grassroots nontaxable amount	72,466	73,554	69,923	110,467	326,410
e Grassroots ceiling amount (150% of line 2d, column (e))					489,615
f Grassroots lobbying expenditures	27,842	32,111	34,602	18,473	113,028

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation	

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
COALITION ON HOMELESSNESS AND HOUSING IN OHIO

Employer identification number
31-1189029

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on 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 (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on 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 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" on 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
c	Beginning balance	**1c**
d	Additions during the year	**1d**
e	Distributions during the year	**1e**
f	Ending balance	**1f**

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ **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" on 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					
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					

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 ▶ .....
- **c** Term endowment ▶ .....

The percentages on 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)**		
(ii) Related organizations . . . . . **3a(ii)**		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**		

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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				
c Leasehold improvements				
d Equipment		15,474	15,474	0
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				0

Part VII Investments—Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3)Other		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)SECURITY DEPOSITS	4,580
(2)ADVANCES TO CONTRACTED ORGANIZATIONS	1,595,929
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	1,600,509

Part X Other Liabilities.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	5,956,821
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) 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	3,295		
e	Add lines **2a** through **2d**			2e	3,295
3	Subtract line **2e** from line **1**			3	5,953,526
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	5,953,526

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	5,840,666
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	3,295		
e	Add lines **2a** through **2d**			2e	3,295
3	Subtract line **2e** from line **1**			3	5,837,371
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	5,837,371

Part XIII Supplemental Information

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.

Return Reference	Explanation
PART X, LINE 2:	COHHIO IS A NONPROFIT ORGANIZATION THAT HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN ORGANIZATION EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE. INCOME THAT IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, IS SUBJECT TO FEDERAL AND STATE INCOME TAXES. COHHIO'S REPORTING RETURNS ARE SUBJECT TO AUDIT BY FEDERAL AND STATE TAXING AUTHORITIES. NO INCOME TAX PROVISION HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS AS THE ORGANIZATION HAD DETERMINED THAT THE AMOUNT OF UNRELATED BUSINESS INCOME SUBJECT TO TAXATION WAS NOT MATERIAL.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	LOSS ON SALE OF INVESTMENT 3,295.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	LOSS ON SALE OF INVESTMENTS 3,295.

Additional Data

Return to Form

Software ID:

Software Version:

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization
COALITION ON HOMELESSNESS AND HOUSING IN OHIO

Employer identification number
31-1189029

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? . . . . . ☑ Yes ☐ No

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ACCESS INC 230 W MARKET STREET AKRON,OH 44303	34-1395246	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(2) ALLIANCE FOR CHILDREN AND FAMILIES 624 SCRANTON AVENUE ALLIANCE,OH 44601	34-1590276	501(C)(3)	486,668		FMV		MULITPLE GRANTS FOR EVICTION RISK MITIGATION AND RAPID REHOUSING AND HOMELESS PREVENTION
(3) APPLESEED COMMUNITY MENTAL HEALTH CENTER 2233 ROCKY LANE ASHLAND,OH 44805	34-1680201	501(C)(3)	9,816		FMV		EVICTION RISK MITIGATION
(4) ASHLAND CHURCH COMMUNITY EMERGENCY SHELTER SERVICES 1605 C R 1095 ASHLAND,OH 44805	45-5478657	501(C)(3)	5,000		FMV		COVID EMERGENCY RESPONSE
(5) BATTERED WOMEN'S SHELTER OF SUMMIT AND MEDINA COUNTIES 974 E MARKET STREET AKRON,OH 44305	34-1249342	501(C)(3)	20,000		FMV		COVID EMERGENCY RESPONSE
(6) BEATITUDE HOUSE 238 TOD LANE YOUNGSTOWN,OH 44504	34-1662460	501(C)(3)	5,000		FMV		COVID EMERGENCY RESPONSE
(7) BETHANY HOUSE PO BOX 5930 TOLEDO,OH 43613	34-1612437	501(C)(3)	9,000		FMV		COVID EMERGENCY RESPONSE
(8) BETHANY HOUSE SERVICES INC 1841 FAIRMOUNT AVENUE CINCINNATI,OH 45214	31-1101401	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(9) BUTLER COUNTY HOUSING AND HOMELESS COALITION 332 DAYTON STREET HAMILTON,OH 45011	26-0361622	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(10) CARING KITCHEN INCORPORATED 300 MIAMI STREET URBANA,OH 43078	31-1173950	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(11) CATHOLIC CHARITIES OF ASHTABULA COUNTY 4200 PARK AVENUE 3RD FLOOR ASHTABULA,OH 44004	34-0714639	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(12) CITY GOSPEL MISSION 1805 DALTON AVENUE CINCINNATI,OH 45214	31-0538515	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(13) CITY MISSION 510 W MAIN CROSS STREET FINDLAY,OH 45804	51-0137853	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(14) CLERMONT COUNTY COMMUNITY SERVICES 3003 HOSPITAL DRIVE BATAVIA,OH 45103	31-1111703	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(15) CLEVELAND VOTES CO GREATER NEIGHBORHOOD CENTERES ASSOCIATION 1814 EAST 40TH STREET SUITE 4D CLEVELAND,OH 44103	34-0714688	501(C)(3)	5,000		FMV		REGIONAL COORDINATOR OHIO VOTES
(16) CLINTON COUNTY SERVICES FOR THE HOMELESS 36 GALLUP STREET WILMINGTON,OH 45177	31-1224053	501(C)(3)	8,800		FMV		COVID EMERGENCY RESPONSE
(17) COLEMAN PROFESSIONAL SERVICES 5982 RHODES ROAD KENT,OH 44240	34-1240178	501(C)(3)	98,487		FMV		MULTIPLE GRANTS FOR EVICTION RISK MITIGATION, RAPID REHOUSING AND HOMELESS PREVENTION
(18) COLUMBUS COALITION FOR THE HOMELESS 89 W PARK AVENUE COLUMBUS,OH 43222	31-1293800	501(C)(3)	15,000		FMV		COVID EMERGENCY RESPONSE
(19) COMMUNITY ACTION AGENCY OF COLUMBIANA COUNTY 7880 LINCOLE PLACE LISBON,OH 44432	34-6565185	501(C)(3)	12,673		FMV		MULTIPLE GRANTS FOR COVID EMERGENCY RESPONSE, RAPID REHOUSING AND HOMELESS PREVENTION, AND EVICTION RISK MITIGATION
(20) COMMUNITY ACTION COMMISSION OF FAYETTE COUNTY 1400 US ROUTE 22 NW WASHINGTON COURT HOUSE,OH 43160	31-0723686	501(C)(3)	19,250		FMV		MULTIPLE GRANTS FOR COVID EMERGENCY RESPONSE AND EVICTION RISK MITIGATION
(21) COMMUNITY ACTION PROGRAM CORPORATION OF WASHINGTON-MORGAN 218 PUTNAM STREET PO BOX 144 MARIETTA,OH 45750	31-0738285	501(C)(3)	8,824		FMV		MULTIPLE GRANTS FOR EVICTION RISK MITIGATION, RAPID REHOUSING AND HOMELESS PREVENTION
(22) COMMUNITY HOUSING NETWORK 1680 WATERMARK DRIVE COLUMBUS,OH 43215	31-1222236	501(C)(3)	10,000		FMV		TAX POLICY ADVOCACY
(23) COMMUNITY SHELTER BOARD 355 E CAMPUS VIEW BOULEVARD SUITE 250 COLUMBUS,OH 43235	31-1181284	501(C)(3)	219,918		FMV		MULTIPLE GRANTS FOR COVID EMERGENCY RESPONSE, EVICTION RISK MITIGATION, RAPID REHOUSING AND HOMELESS PREVENTION
(24) COMPASS FAMILY & COMMUNITY SERVICES 535 MARMION AVENUE YOUNGSTOWN,OH 44502	34-0714662	501(C)(3)	7,500		FMV		COVID EMERGENCY RESPONSE
(25) DAYBREAK 605 S PATTERSON BOULEVARD DAYTON,OH 45419	31-0864474	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(26) DOMESTIC VIOLENCE & CHILD ADVOCACY CENTER PO BOX 5466 CLEVELAND,OH 44101	34-1278377	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(27) ECUMENICAL SHELTER NETWORK OF LAKE COUNTY INC 25 FREEDOM ROAD PAINESVILLE,OH 44077	34-1769046	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(28) EDEN INC 7812 MADISON AVENUE CLEVELAND,OH 44102	34-1667990	501(C)(3)	349,776		FMV		MULTIPLE GRANTS FOR EVICTION RISK MITIGATION, RAPID REHOUSING AND HOMELESS PREVENTION
(29) ELYRIA YWCA 318 WEST AVENUE ELYRIA,OH 44035	34-0718418	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(30) EVE INCORPORATED PO BOX 122 MARIETTA,OH 45750	31-0972235	501(C)(3)	5,000		FMV		COVID EMERGENCY RESPONSE
(31) FAMICOS FOUNDATION 1325 ANSEL ROAD CLEVELAND,OH 44106	34-1053534	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(32) FAMILY ABUSE SHELTER OF MIAMI COUNTY 16 E FRANKLIN STREET TROY,OH 45373	31-0966177	501(C)(3)	20,000		FMV		COVID EMERGENCY RESPONSE
(33) FAMILY AND COMMUNITY SERVICES INC 705 OAKWOOD STREET SUITE 221 RAVENNA,OH 44266	34-1902451	501(C)(3)	25,000		FMV		COVID EMERGENCY RESPONSE
(34) FAMILY PROMISE OF BUTLER COUNTY PO BOX 95 HAMILTON,OH 45012	47-2155537	501(C)(3)	32,928		FMV		RAPID REHOUSING AND HOMELESS PREVENTION
(35) FAMILY PROMISE OF DELAWARE COUNTY 39 N WASHINGTON STREET DELAWARE,OH 43015	35-2341272	501(C)(3)	23,750		FMV		MULTIPLE GRANTS FOR COVID EMERGENCY RESPONSE AND EVICTION RISK MITIGATION
(36) FIRST PUTNAM SHELTER 857 PUTNAM AVENUE ZANESVILLE,OH 43701	34-0718418	501(C)(3)	6,750		FMV		COVID EMERGENCY RESPONSE
(37) GREAT LAKES COMMUNITY ACTION PARTNERSHIP 127 N FRONT STREET PO BOX 590 FREMONT,OH 43420	34-0975934	501(C)(3)	18,698		FMV		RAPID REHOUSING AND HOMELESS PREVENTION
(38) GREATER CINCINNATI BEHAVIORAL HEALTHCARE 1501 MADISON ROAD CINCINNATI,OH 44278	31-0802647	501(C)(3)	19,600		FMV		COVID EMERGENCY RESPONSE
(39) HARMONY HOUSE INC 847 CROUSE STREET AKRON,OH 44306	90-0719742	501(C)(3)	12,700		FMV		COVID EMERGENCY RESPONSE
(40) HAVEN OF HOPE 233 N MARKET STREET PO BOX 732 VAN WERT,OH 45891	84-2294474	501(C)(3)	15,000		FMV		COVID EMERGENCY RESPONSE
(41) HEART OF OHIO HOMELESS SHELTER (MARION SHELTER PROGRAM) 326 W FAIRGROUND STREET MARION,OH 43302	34-1585873	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(42) HOCKING HILLS INSPIRE SHELTER PO BOX 1108 LOGAN,OH 43138	37-1660823	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(43) HOCKING METROPOLITAN HOUSING AUTHORITY 33601 PINE RIDGE DRIVE LOGAN,OH 43138	31-0865091	501(C)(3)	8,250		FMV		EVICTION RISK MITIGATION
(44) HOME IS THE FOUNDATION 111 W SOMERS STREET EATON,OH 45320	42-1580792	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(45) HOMEFULL 829 S GETTYSBURG AVENUE DAYTON,OH 45417	31-1236989	501(C)(3)	207,451		FMV		MULTIPLE GRANTS FOR EVICTION RISK MITIGATION, RAPID REHOUSING AND HOMELESS PREVENTION
(46) HOMELESS FAMILIES FOUNDATION 33 N GRUBB STREET COLUMBUS,OH 43215	31-1179492	501(C)(3)	30,932		FMV		RAPID REHOUSING AND HOMELESS PREVENTION
(47) HUMILITY OF MARY HOUSING 2251 FRONT STREET SUITE 210 CUYAHOGA FALLS,OH 44221	25-1592420	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(48) INTEGRATED SERVICES FOR BEHAVIORAL HEALTH 1950 MOUNT ST MARYS DRIVE NELSONVILLE,OH 45764	31-1472366	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(49) INTERFAITH HOSPITALITY NETWORK OF GREATER CINCINNATI 990 NASSAU STREET CINCINNATI,OH 45206	31-1335474	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(50) INTERFAITH HOSPITALITY NETWORK OF SPRINGFIELD 501 W HIGH STREET SPRINGFIELD,OH 45506	31-1315795	501(C)(3)	108,851		FMV		MULTIPLE GRANTS FOR COVID EMERGENCY RESPONSE, EVICTION RISK MITIGATION, RAPID REHOUSING AND HOMELESS PREVENTION
(51) LANCASTER-FAIRFIELD COMMUNITY ACTION AGENCY 1743 E MAIN STREET PO BOX 768 LANCASTER,OH 43130	31-6060695	501(C)(3)	36,927		FMV		MULTIPLE GRANTS FOR EVICTION RISK MITIGATION, RAPID REHOUSING AND HOMELESS PREVENTION
(52) LEGACY III 87 S ARLINGTON STREET AKRON,OH 44301	34-1824527	501(C)(3)	5,000		FMV		COVID EMERGENCY RESPONSE
(53) LIBERTY CENTER OF SANDUSKY COUNTY 1421 E STATE STREET FREMONT,OH 43420	34-1731459	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(54) LIGHTHOUSE YOUTH & FAMILY SERVICES 401 E MCMILLAN STREET CINCINNATI,OH 45206	23-7046229	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(55) LSS FAITH MISSION 500 W WILSON BRIDGE ROAD SUITE 245 WORTHINGTON,OH 43085	31-0809759	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(56) LUTHERAN METROPOLITAN MINISTRY INC 4515 SUPERIOR AVENUE CLEVELAND,OH 44103	34-1043756	501(C)(3)	80,000		FMV		COVID EMERGENCY RESPONSE
(57) MAHONING COUNTY TREASURER 21 W BOARDMAN STREET YOUNGSTOWN,OH 44503	34-6001777	MAHONING COUNTY	15,000		FMV		MULTIPLE GRANTS FOR COVID EMERGENCY RESPONSE AND EVICTION RISK MITIGATION
(58) MARYHAVEN INC 1791 ALUM CREEK DRIVE COLUMBUS,OH 43207	31-0732345	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(59) MONTOGOMERY COUNTY OH 451 W THIRD STREET DAYTON,OH 45422	31-6000172	MONTOGOMERY COUNTY	10,000		FMV		COVID EMERGENCY RESPONSE
(60) NEIGHBORHOOD ALLIANCE 1536 E 30TH STREET LORAIN,OH 44055	34-0714471	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(61) NEW CHOICES INC 421 N OHIO AVENUE PO BOX 4182 SIDNEY,OH 45365	31-1105935	501(C)(3)	5,000		FMV		COVID EMERGENCY RESPONSE
(62) NEW HOUSING OHIO 4055 EXECUTIVE PARK DRIVE SUITE 240 240 CINCINNATI,OH 45241	31-1435217	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(63) NORTHEAST OHIO COALITION FOR THE HOMELESS 3631 PERKINS AVENUE 3A-3 CLEVELAND,OH 44114	34-1590112	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(64) NORTHWESTERN OHIO COMMUNITY ACTION COMMISSION 1933 E SECOND STREET DEFIANCE,OH 43512	34-0971599	501(C)(3)	31,000		FMV		MULTIPLE GRANTS FOR EVICTION RISK MITIGATION, COVID EMERGENCY RESPONSE, RAPID REHOUSING AND HOMELESS PREVENTION
(65) OHIO WOMEN'S ALLIANCE 1255 N HAMILTON ROAD 194 GAHANNA,OH 43230	83-4095206	501(C)(3)	21,000		FMV		REGIONAL COORDINATION OHIO VOTES
(66) ONEEIGHTY 104 SPINK STREET WOOSTER,OH 44691	34-1269314	501(C)(3)	71,609		FMV		MULTIPLE GRANTS FOR COVID EMERGENCY RESPONSE, RAPID REHOUSING AND HOMELESS PREVENTION
(67) PROJECT WOMAN 525 E HOME ROAD SPRINGFIELD,OH 45503	23-7391095	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(68) ROSS COUNTY COMMUNITY ACTION COMMISSION 250 N WOODBRIDGE AVENUE CHILLICOTHE,OH 45601	31-6059908	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(69) SCIOTO CHRISTIAN MINISTRY INC 615 EIGHTH STREET PORTSMOUTH,OH 45662	31-0783340	501(C)(3)	15,000		FMV		COVID EMERGENCY RESPONSE
(70) SHELTER CARE INC 32 SOUTH AVENUE TALLMADGE,OH 44278	34-1172458	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(71) SHELTERHOUSE 411 GEST STREET CINCINNATI,OH 45203	31-0920479	501(C)(3)	30,000		FMV		COVID EMERGENCY RESPONSE
(72) SIMON KENTON BRIDGES OF HOPE 1087 W 2ND STREET PO BOX 241 XENIA,OH 45385	81-0827749	501(C)(3)	8,600		FMV		COVID EMERGENCY RESPONSE
(73) SOJOURNERS CARE NETWORK 31890 CLAYPOOL HOLLOW ROAD MCARTHUR,OH 45651	34-1880636	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(74) SOUTHEAST HEALTHCARE PO BOX 1809 COLUMBUS,OH 43216	31-0940189	501(C)(3)	14,235		FMV		COVID EMERGENCY RESPONSE
(75) STARK HOUSING NETWORK INC 408 9TH STREET SW CANTON,OH 44707	81-4591391	501(C)(3)	70,000		FMV		COVID EMERGENCY RESPONSE
(76) ST PAUL'S COMMUNITY CENTER 230 13TH STREET TOLEDO,OH 43604	34-1252554	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(77) STRATEGIES TO END HOMELESSNESS 2368 VICTORY PARKWAY SUITE 600 CINCINNATI,OH 45215	20-8286347	501(C)(3)	90,608		FMV		MULTIPLE GRANTS FOR COVID EMERGENCY RESPONSE AND EVICTION RISK MITIGATION
(78) SUMMIT COUNTY CONTINUUM OF CARE 111 W VORIS STREET AKRON,OH 44311	83-0591179	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(79) THE COCOON PO BOX 1165 BOWLING GREEN,OH 43402	20-1011222	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(80) THE EDNA BROOKS FOUNDATION INC PO BOX 1158 ATHENS,OH 45701	31-0929900	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(81) THE SALVATION ARMY 440 W NYACK ROAD PO BOX C-635 WEST NYACK,NY 10994	13-5562351	501(C)(3)	100,000		FMV		COVID EMERGENCY RESPONSE
(82) TOLEDO LUCAS COUNTY HOMELESSNESS BOARD 1946 N 13TH STREET SUITE 437 TOLEDO,OH 43604	72-1604255	501(C)(3)	27,284		FMV		MULTIPLE GRANTS FOR COVID EMERGENCY RESPONSE AND EVICTION RISK MITIGATION
(83) TURNING POINT PO BOX 875 MARION,OH 43302	31-0935117	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(84) URBAN MISSION MINISTRIES 423 NORTH STREET STEUBENVILLE,OH 43952	38-2031398	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(85) WEST OHIO COMMUNITY ACTION PARTNERSHIP 540 S CENTRAL AVENUE LIMA,OH 45804	34-1717109	501(C)(3)	261,464		FMV		MULTIPLE GRANTS FOR COVID EMERGENCY RESPONSE, EVICTION RISK MITIGATION, RAPID REHOUSING, AND HOMELESS PREVENTION
(86) WEST SIDE CATHOLIC CENTER 3135 LORAIN AVENUE CLEVELAND,OH 44113	34-1244687	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(87) YMCA OF CENTRAL OHIO 1907 LEONARD AVENUE SUITE 150 COLUMBUS,OH 43219	31-4379594	501(C)(3)	30,000		FMV		COVID EMERGENCY RESPONSE
(88) YWCA COLUMBUS 65 S 4TH STREET COLUMBUS,OH 43215	31-4379597	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(89) YWCA DAYTON 141 W THIRD STREET DAYTON,OH 45402	31-0537168	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(90) YWCA GREATER CINCINNATI 898 WALNUT STREET COLUMBUS,OH 45202	31-0537518	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(91) YWCA GREATER CLEVELAND 4019 PROSPECT AVENUE EAST CLEVELAND,OH 44103	34-0714800	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(92) YWCA HAMILTON 244 DAYTON STREET HAMILTON,OH 45011	31-0537167	501(C)(3)	10,000		FMV		COVID EMERGENCY RESPONSE
(93) ZEPF CENTER 2006 ASHLAND AVENUE TOLEDO,OH 43620	34-1168947	501(C)(3)	184,235		FMV		RAPID REHOUSING AND HOMELESS PREVENTION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 93

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	ALL GRANT FUNDS ARE MADE PURSUANT TO COHHIO'S SOAR OHIO PROJECT AND ARE MANAGED BY THE COHHIO SOAR OHIO PROJECT MANAGER. BUDGETS ARE APPROVED BY COHHIO AND ONLY ELIGIBLE COSTS SUPPORTING APPROVED ACTIVITIES ARE REIMBURSED UPON TIMELY SUBMISSION OF MONTHLY INVOICES SUPPORTED BY DETAILED DOCUMENTATION OF EXPENDITURES. ORGANIZATIONS SUBMIT QUARTERLY PROGRESS REPORTS TO COHHIO, AND ARE SUBJECT TO REGULAR ON-SITE MONITORING AND ASSESSMENT BY COHHIO, AN ANNUAL INDEPENDENT AUDIT, AS WELL AS REVIEW BY APPROPRIATE STATE AND FEDERAL OFFICIALS AS MAY BE REQUIRED.

Additional Data

Return to Form

Software ID:

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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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
COALITION ON HOMELESSNESS AND HOUSING IN OHIO

Employer identification number
31-1189029

Return Reference	Explanation
FORM 990, PART III, LINE 2	SUPPORT TO OTHER ORGANIZATIONS DURING 2020, COHHIO, THROUGH VIGOROUS FUNDRAISING FOR COVID EMERGENCY RELIEF, WAS ABLE TO PROVIDE SUPPORT GRANTS TO AGENCIES SERVING HOMELESS INDIVIDUALS. THESE GRANTS WERE USED TO PROVIDE NECESSARY SUPPLIES AND SUPPORT FOR THE SAFETY OF STAFF AND CLIENTS FROM THE COVID-19 PANDEMIC. COHHIO'S PANDEMIC EMERGENCY FUND (PEF) DISTRIBUTED NEARLY $1.2M IN GRANTS TO AGENCIES TO SUPPORT PURCHASING CLEANING SUPPLIES AND PROTECTIVE EQUIPMENT, MODIFYING EXISTING SHELTER SPACE TO MEET CDC GUIDELINES FOR SOCIAL DISTANCING, CREATE AND UTILIZE ALTERNATE SHELTER SPACE SUCH AS MOTELS AND HOTELS, DIVERT AND RAPIDLY REHOUSE HOUSEHOLDS TO AVOID ENTERING SHELTER OR BEING IN OTHER UNSAFE SPACES, AND, FINALLY, OFFER MUCH NEEDED OPERATIONAL SUPPORT FOR THE INCREASED STAFFING AND HAZARD PAY FOR EMPLOYEES. COHHIO ALSO UTILIZED PEF FUNDS TO LEVERAGE MASS QUANTITIES OF PPE THAT WAS DISTRIBUTED STATEWIDE TO EMERGENCY SHELTERING AGENCIES. COHHIO RECEIVED AN INITIAL $250,000 TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) GRANT IN MARCH 2020 THAT WAS SUBSEQUENTLY INCREASED TO $15 MILLION FOR THE FISCAL YEAR BEGINNING JULY 2020 TO SUPPORT RAPID RE-HOUSING AND HOMELESS PREVENTION. FINANCIAL ASSISTANCE TO TANF ELIGIBLE HOUSEHOLDS INCLUDED RENTAL ASSISTANCE, SECURITY AND UTILITY DEPOSITS, CASE MANAGEMENT, COUNSELING SERVICES, TRANSPORTATION, AND MOVING EXPENSES. AT THE END OF YEAR, OVER $1.9 MILLION OF THESE FUNDS WAS SPENT ASSISTING 4,686 FAMILIES.
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS CAREFULLY REVIEWED BY THE FINANCE COMMITTEE OF THE COHHIO BOARD OF DIRECTORS BEFORE IT IS FILED. THE RETURN IS PROVIDED TO ALL BOARD MEMBERS.
FORM 990, PART VI, SECTION B, LINE 12C	AT THE START OF EACH COHHIO BOARD MEETING, MEMBERS ARE ASKED TO DISCLOSE ANY POTENTIAL OR PERCEIVED CONFLICTS OF INTEREST. THE RESULTS ARE DOCUMENTED IN THE BOARD MINUTES. STAFF MEMBERS SIGN ANNUAL STATEMENTS.
FORM 990, PART VI, SECTION B, LINE 15	FACTORS FOR DETERMINING COMPENSATION INCLUDE EXPERIENCE, JOB RESPONSIBILITY AND COMPLEXITY, AND COMPARABLE COMPENSATION IN OTHER SIMILAR ORGANIZATIONS. DEPARTMENT OF LABOR; UNITED WAY AND OTHER SURVEYS / DATA ARE REVIEWED TO DETERMINE REASONABLE AND APPROPRIATE COMPENSATION AMOUNTS. THE RESULTS OF THIS PROCESS ARE SHARED WITH COHHIO'S BOARD OF DIRECTOR'S EXECUTIVE COMMITTEE AND SERVES AS THE BASIS FOR DETERMINING AND/OR MAKING COMPENSATION ADJUSTMENTS.
FORM 990, PART VI, SECTION C, LINE 19	THE POLICY IS CURRENTLY PART OF THE COHHIO'S CODE OF REGULATIONS. ALL DOCUMENTS REQUIRED TO BE AVAILABLE TO PUBLIC INSPECTION ARE PROVIDED UPON REQUEST.
FORM 990, PART XII, LINE 2C:	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Additional Data

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