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SERVICE QUALITY INNOVATION FUN

PEGGY MELNICK
CLEVELAND HOUSING NETWORK, INC.
2999 PAYNE AVENUE
CLEVELAND, OH 44114

DEAR PEGGY:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS FOR THE PERIOD ENDED DECEMBER 31, 2008 FOR:

CLEVELAND HOUSING NETWORK, INC. AS FOLLOWS...

2008 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
2008 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT
2008 SCHEDULE B - SCHEDULE OF CONTRIBUTORS
2008 SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS
2008 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990
2008 SCHEDULE R - RELATED ORGANIZATIONS AND UNRELATED PARTNERSHIPS
2008 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
OHIO VERIFICATION OF FILING WITH THE IRS

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

COHEN & COMPANY, LTD.
CERTIFIED PUBLIC ACCOUNTANTS

INSTRUCTIONS FOR FILING
CLEVELAND HOUSING NETWORK, INC.
FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION
FOR THE PERIOD ENDED DECEMBER 31, 2008

****

SIGNATURE...
THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY THE TAXPAYER.

FILING...
RETURN YOUR SIGNED FORM 8879-EO TO:

COHEN & COMPANY, LTD.
ATTN: MARTHA WACHUNAS
(800) 789-0497 (FAX)

PAYMENT OF TAX...
NO PAYMENT OF TAX IS REQUIRED.

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE) OR THROUGH THE USE OF AN IRS APPROVED DELIVERY METHOD PROVIDED BY AN IRS DESIGNATED PRIVATE DELIVERY SERVICE.

FORM 8879-EO SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE AFFIXED TO FORM 990 IF YOU PAPER FILED YOUR RETURN, PLEASE DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN WHICH IS DUE ON NOVEMBER 16, 2009. WE WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2008, or fiscal year beginning ________ , 2008, and ending ________ , 20___

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions.**

OMB No. 1545-1878

2008

Name of exempt organization: CLEVELAND HOUSING NETWORK, INC.

Employer identification number: 34-1346763

Name and title of officer: ROBERT S. CURRY, EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	**Form 990** check here ▶ [X]	**b Total revenue,** if any (Form 990, line 12)	**1b**	24847103.
2a	**Form 990-EZ** check here ▶ [ ]	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a	**Form 1120-POL** check here ▶ [ ]	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a	**Form 990-PF** check here ▶ [ ]	**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a	**Form 8868** check here ▶ [ ]	**b Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize COHEN & COMPANY, LTD. (**ERO firm name**) to enter my PIN 6 8 2 6 8 (**Enter five numbers, but do not enter all zeros**) as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Date ▶ 11/15/2009

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 3 4 4 8 5 2 3 4 1 9 1

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ ______ Date ▶ ______

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization: CLEVELAND HOUSING NETWORK, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 2999 PAYNE AVENUE — Room/suite: 306

City or town, state or country, and ZIP + 4: CLEVELAND, OH 44114

D Employer identification number: 34-1346763

E Telephone number: (216)574-7100

G Gross receipts $ 24,847,103.

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

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.CHNNET.COM

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1981 **M** State of legal domicile: OH

Part I Summary

Activities & Governance

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
5	Total number of employees (Part V, line 2a)	5	136
6	Total number of volunteers (estimate if necessary)	6	NONE
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contribution and grants (Part VIII, line 1h)	16,589,979.	16,834,713.
	9	Program service revenue (Part VIII, line 2g)	6,932,698.	6,309,730.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,669,127.	2,589,527.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,035,888.	-886,867.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,155,916.	24,847,103.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		NONE
	14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,124,078.	6,589,905.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE
	b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 236,509.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	18,452,674.	18,156,118.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,576,752.	24,746,023.
	19	Revenue less expenses. Subtract line 18 from line 12	579,164.	101,080.
			Beginning of Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	70,065,842.	64,154,374.
	21	Total liabilities (Part X, line 26)	51,253,408.	45,240,860.
	22	Net assets or fund balances. Subtract line 21 from line 20	18,812,434.	18,913,514.

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 ▶ Date ▶

CLIENT COPY
Cohen & Company
Certified Public Accountants

Paid Preparer's Use Only

Preparer's signature ▶ Date — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions): P00012337

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ COHEN & COMPANY, LTD.
OFFICES LISTED AT WWW.COHENCPA.COM, OH 44115

EIN ▶ 34-1912961

Phone no. ▶ 800-229-1099

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

JSA
8E1010 2.000

Part III **Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 9,131,505. including grants of $) (Revenue $ 5,232,916.)

REAL ESTATE DEVELOPMENT AND PROPERTY MANAGEMENT OF LOW AND MODERATE INCOME HOUSING AS LEAD DEVELOPER IN CUYAHOGA COUNTY'S HOUSING FIRST INITIATIVE, CHN DEVELOPED 145 HOUSING UNITS FOR CHRONICALLY HOMELESS MEN AND WOMEN. THROUGH OHIO'S FIRST COMPREHENSIVE PUBLIC-PRIVATE PARTNERSHIP TO ADDRESS THE GROWING NUMBER OF VACANT PROPERTIES, CHN BEGAN ACQUIRING 78 PROPERTIES INCLUDING ABANDONED, FORECLOSURE PROPERTIES, REHABILITATING THEM, AND RETURNING GREEN, ENERGY EFFICIENT AFFORDABLE HOMES BACK TO THE COMMUNITY. LASTLY, THROUGH ITS HOMEOWNERSHIP PROGRAMS, CHN HELPED 108 LOW- AND MODERATE-INCOME CLEVELAND FAMILIES ACHIEVE HOMEOWNERSHIP DURING 2008

4b (Code:) (Expenses $ 13,153,851. including grants of $) (Revenue $ 1,075,444.)

ENERGY CONSERVATION, WEATHERIZATION, & PROPERTY SERVICES CHN COMPLETED 20,620 SERVICES IN ENERGY CONSERVATION, WEATHERIZATION AND UTILITY ASSISTANCE-RESULTING IN AN ANNUAL ESTIMATED UTILITY COST SAVINGS OF $6.5 MILLION FOR LOW-INCOME FAMILIES IN NORTHEAST OHIO. THIS WORK ALSO SAVED AN ESTIMATED 9 MILLION LBS. OF CARBON DIOXIDE EMISSIONS FROM THE ENVIRONMENT.

4c (Code:) (Expenses $ 1,262,000. including grants of $) (Revenue $ 1,370.)

TRAINING, EDUCATION, & FAMILY SERVICES THROUGH ITS COMMUNITY TRAINING CENTER, CHN SERVED 2,500 LOW-INCOME INDIVIDUALS IN THE AREAS OF FORECLOSURE PREVENTION, FINANCIAL LITERACY, COMPUTER SKILLS AND HOMEOWNERSHIP EDUCATION. CHN'S ACHIEVED AN 80% SUCCESS RATE IN HELPING AT-RISK HOMEOWNERS AVOID FORECLOSURE DURING 2008. IN ADDITON THROUGH ITS FAMILY SERVICES PROGRAMS PROVIDED ASSISTANCE TO 137 HOUSEHOLDS, ENROLLED 20 NEW FAMILIES INTO ITS SUPPORTIVE HOUSING PROGRAMS, AND PROVIDED ON-SITE RESIDENT SUPPORT SERVICES TO 205 ADULTS.

4d Other program services. (Describe in Schedule O.)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ $ 23,547,356. *(Must equal Part IX, Line 25, column (B).)*

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? *If "Yes," complete Schedule J*	23		X
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 questions 24b-24d and complete Schedule K. If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		X
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**		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	**33**	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		X
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**	X	
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**		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 274			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b NONE			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
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 136			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," 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		X
b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
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 provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

		Line	Value / Yes	No
1a	Enter the number of voting members of the governing body	1a	29	
b	Enter the number of voting members that are independent	1b	29	
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		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X	
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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ MARY SMIGELSKI 2999 PAYNE AVENUE CLEVELAND, OH 44114 216-574-7100

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
SEE SCHEDULE J-2										

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Total ▶								404,682.	NONE	34,218.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 2

		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*	3		X
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*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE STATEMENT 1		

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 6

Part VIII Statement of Revenue

34-1346763

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts						
1a Federated campaigns	1a	37,500.				
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d					
e Government grants (contributions)	1e	10,755,815.				
f All other contributions, gifts, grants, and similar amounts not included above	1f	6,041,398.				
g Noncash contributions included in lines 1a-1f: $						
h **Total.** Add lines 1a-1f			16,834,713.			
Program Service Revenue		Business Code				
2a SERVICE FEES		900099	5,431,724.	5,431,724.		
b RENTAL INCOME		900099	878,006.	878,006.		
c						
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a-2f			6,309,730.			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts)			2,589,527.	2,589,527.		
4 Income from investment of tax-exempt bond proceeds			NONE			
5 Royalties			NONE			
	(i) Real	(ii) Personal				
6a Gross Rents						
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss)			NONE			
	(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory						
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)			NONE			
8a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18. a						
b Less: direct expenses b						
c Net income or (loss) from fundraising events			NONE			
9a Gross income from gaming activities. See Part IV, line 19. a						
b Less: direct expenses b						
c Net income or (loss) from gaming activities			NONE			
10a Gross sales of inventory, less returns and allowances a						
b Less: cost of goods sold b						
c Net income or (loss) from sales of inventory			NONE			
Miscellaneous Revenue		Business Code				
11a LOSS ON SALE OF HOUSES			-958,218.	-958,218.		
b MISC. INCOME			71,351.	71,351.		
c						
d All other revenue						
e **Total.** Add lines 11a-11d			-886,867.			
12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			24,847,103.	8,012,390.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	433,320.	381,634.	46,188.	5,498.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	4,246,244.	3,739,755.	452,609.	53,880.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	121,211.	106,753.	12,920.	1,538.
9 Other employee benefits	1,339,544.	1,179,764.	142,783.	16,997.
10 Payroll taxes	449,586.	395,960.	47,921.	5,705.
11 Fees for services (non-employees):				
a Management	543,052.	543,052.		
b Legal	91,072.	63,964.	7,487.	19,621.
c Accounting	65,567.	46,051.	5,390.	14,126.
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	309,510.	217,383.	25,446.	66,681.
12 Advertising and promotion	157,620.	110,704.	12,958.	33,958.
13 Office expenses	287,306.	250,813.	33,320.	3,173.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	1,441,763.	1,380,462.	55,911.	5,390.
17 Travel	NONE			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	182,956.	82,715.	100,241.	
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	34,761.	23,877.	10,884.	
23 Insurance	83,976.	77,130.	6,251.	595.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROGRAM SERVICES	13,047,532.	13,047,532.	NONE	NONE
b MISCELLANEOUS	275,685.	264,489.	1,849.	9,347.
c LOSS ON COLLECTION OF NOTE R	760,318.	760,318.	NONE	NONE
d RESERVES FOR IMPAIRMENTS	875,000.	875,000.	NONE	NONE
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	24,746,023.	23,547,356.	962,158.	236,509.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	123,065.	1	147,261.
	2	Savings and temporary cash investments	4,421,586.	2	3,889,393.
	3	Pledges and grants receivable, net	1,975,546.	3	2,543,760.
	4	Accounts receivable, net	4,731,714.	4	5,489,239.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	34,359,712.	7	29,720,865.
	8	Inventories for sales or use		8	
	9	Prepaid expenses and deferred charges	229,820.	9	212,832.
	10a	Land, buildings, and equipment: cost basis — 10a 8,193,233.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D. — 10b 549,941.	10,929,766.	10c	7,643,292.
	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	13,294,633.	15	14,507,732.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	70,065,842.	16	64,154,374.
Liabilities	17	Accounts payable and accrued expenses	2,144,704.	17	2,600,439.
	18	Grants payable		18	
	19	Deferred revenue	855,755.	19	1,219,212.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	47,698,186.	23	41,131,390.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	554,763.	25	289,819.
	26	**Total liabilities.** Add lines 17 through 25	51,253,408.	26	45,240,860.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	17,821,634.	27	17,945,914.
	28	Temporarily restricted net assets	165,800.	28	142,600.
	29	Permanently restricted net assets	825,000.	29	825,000.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	18,812,434.	33	18,913,514.
	34	Total liabilities and net assets/fund balances	70,065,842.	34	64,154,374.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 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	X	
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	X	
b	If "Yes," did the organization undergo the required audit or audits?	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
CLEVELAND HOUSING NETWORK, INC.	34-1346763

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ____________
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		X
(ii) A family member of a person described in (i) above?	11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		X

h Provide the following information about the organizations the organization supports.

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule A (Form 990 or 990-EZ) 2008**

JSA
8E1210 4.000

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,951,942.	13,675,327.	14,886,578.	16,589,979.	16,834,714.	73,938,540.
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 1-3	11,951,942.	13,675,327.	14,886,578.	16,589,979.	16,834,714.	73,938,540.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						73,938,540.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	11,951,942.	13,675,327.	14,886,578.	16,589,979.	16,834,714.	73,938,540.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,170,750.	2,472,171.	2,820,348.	2,669,127.	2,589,527.	12,721,923.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						86,660,463.

12 Gross receipts from related activities, etc. (See instructions.) . . . **12** 28,807,744.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . **14** 85.32 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . **15** 84.73 %

16a **33 1/3% support test - 2008.** 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 ▶ ☒ X

b **33 1/3% support test - 2007.** 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 - 2008.** 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 "fact-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organzation meets the "facts-and-circumstances"" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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

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, and 990-PF.**

OMB No. 1545-0047

2008

Name of the organization
CLEVELAND HOUSING NETWORK, INC.

Employer identification number
34-1346763

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (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

[X] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[ ] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

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

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) . . . . ► $ ____________

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CLEVELAND HOUSING NETWORK, INC.

Employer identification number 34-1346763

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CLEVELAND FOUNDATION 1422 EUCLID AVE CLEVELAND, OH 44115	$ 267,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	SISTERS OF CHARITY FOUNDATION 1228 EUCLID AVE, SUITE 330 CLEVELAND, OH 44115	$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	THE GEORGE GUND FOUNDATION 1845 GUILDHALL BUILDING 45 PROSPECT AVE CLEVELAND, OH 44115	$ 80,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	CYRUS EATON FOUNDATION 2475 LEE BLVD., SUITE 2B CLEVELAND HTS., OH 44118	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	DOLLAR BANK FOUNDATION 1301 EAST NINTH ST. CLEVELAND, OH 44114	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	DOMINION EAST OHIO GAS PO BOX 5759 CLEVELAND, OH 44101	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization CLEVELAND HOUSING NETWORK, INC.

Employer identification number 34-1346763

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	THE ENTERPRISE COMMUNTY PARTNERS 10227 WINCOPIN CIRCLE, SUITE 500 COLUMBIA, MD 21044	$ 282,910.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8	KEY FOUNDATION 800 SUPERIOR AVE CLEVELAND, OH 44114	$ 66,666.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
9	ENTERPRISE COMMUNITY INVESTMENT INC 10227 WINCOPIN CIRCLE, SUITE 500 COLUMBIA, MD 21044	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
10	THE HOME DEPOT FOUNDATION 2455 PACES FERRY RD., BLDG C-17 ATLANTA, GA 30339	$ 23,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
11	KEYBANK N.A. 127 PUBLIC SQUARE CLEVELAND, OH 44114	$ 12,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
12	NATIONAL CITY BANK 1900 E. NINTH ST. CLEVELAND, OH 44114	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization CLEVELAND HOUSING NETWORK, INC.

Employer identification number 34-1346763

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	NATIONWIDE FOUNDATION ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
14	THIRD FEDERAL SAVINGS 7007 BROADWAY AVE. CLEVELAND, OH 44105	$ 32,395.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
15	WESTFIELD INSURANCE FOUNDATION PO BOX 5001 WESTFIELD CENTER, OH 44251	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
16	SAINT LUKE'S FOUNDATION 4208 PROSPECT AVE CLEVELAND, OH 44103	$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
17	MEISEL FAMILY FOUNDATION 1750 EUCLID AVE. CLEVELAND, OH 44115	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
18	JOHN P. MURPHY FOUNDATION 50 PUBLIC SQUARE, SUITE 600 CLEVELAND, OH 44113	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization CLEVELAND HOUSING NETWORK, INC.

Employer identification number 34-1346763

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	THE SHERWIN WILLIAMS FOUNDATION 101 PROSPECT AVE., NW CLEVELAND, OH 44115	$ 50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
20	TIME WARNER-CLEVELAND CITY COUNCIL TECH 1422 EUCLID AVE., SUITE 1300 CLEVELAND, OH 44115	$ 16,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
21	GEORGE W. CODRINGTON CHARITABLE FOUND. 3900 KEY CENTER CLEVELAND, OH 44114	$ 5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
22	DEACONESS COMMUNITY FOUNDATION 7575 NORTHCLIFF AVE., SUITE 203 BROOKLYN, OH 44144	$ 30,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
23	FOREST CITY CHARITABLE FOUNDATION 50 PUBLIC SQUARE, SUITE 1170 CLEVELAND, OH 44113	$ 40,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
24	LOUISE H AND DAVID S INGALLS FOUNDATION 20600 CHAGRIN BLVD, SUITE 430 SHAKER HTS, OH 44122	$ 10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization CLEVELAND HOUSING NETWORK, INC.

Employer identification number 34-1346763

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	MCMASTER CAR SUPPLY COMPANY PO BOX 680 ELMHURST, IL 60126	$ 12,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
26	O'NEILL FOUNDATION 30195 CHAGRIN # 106 CLEVELAND, OH 44124	$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
27	SEARS SWETLAND FAMILY FD 13003 LAKESHORE BLVD CLEVELAND, OH 44108	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
28	S. LIVINGSTON MATHER CHARITABLE TRUST 1650 MARKET ST., SUITE 1200 PHILADELPHIA, PA 19103	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
29	THE SK WELLMAN FOUNDATION PO BOX 32554 EUCLID, OH 44132	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
30	COUNTY OF CUYAHOGA DEPT OF DEVELOPMENT 112 HAMILTON COURT, 4TH FLOOR CLEVELAND, OH 44114	$ 61,369.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization CLEVELAND HOUSING NETWORK, INC.

Employer identification number 34-1346763

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31	OHIO DEPARTMENT OF DEVELOPMENT - REACH 77 SOUTH HIGH STREET COLUMBUS, OH 43216	$ 307,857.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
32	CITY OF CLEVELAND WATER AFFORDABILITY 1201 LAKESIDE AVENUE CLEVELAND, OH 44114	$ 125,867.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
33	CITY OF CLEVELAND-HWAP 1201 LAKESIDE AVENUE CLEVELAND, OH 44114	$ 962,482.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
34	COUNTY OF CUYAHOGA-EMERGENCY SHELTER 5550 VENTURE DR. PARMA, OH 44130	$ 13,534.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
35	DOMINION EAST OHIO GAS 1201 EAST 55TH STREET CLEVELAND, OH 44103	$ 3,447,310.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
36	FUEL FUND-DOMINION EAST OHIO GAS 1201 EAST 55TH STREET CLEVELAND, OH 44103	$ 137,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: CLEVELAND HOUSING NETWORK, INC.

Employer identification number: 34-1346763

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37	OHIO DEPARTMENT OF DEVELOPMENT-HEAP 77 SOUTH HIGH STREET COLUMBUS, OH 43216	$ 484,822.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
38	OHIO DEPARTMENT OF DEVELOPMENT-USF 77 SOUTH HIGH STREET COLUMBUS, OH 43216	$ 5,378,271.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
39	UNITED BLACK FUND OF GREATER CLEVELAND 1621 EUCLID AVENUE, SUITE 830 CLEVELAND, OH 44115	$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
40	CITY OF CLEVELAND DEPT OF WATER 1201 LAKESIDE AVENUE CLEVELAND, OH 44114	$ 434,606.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
41	UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVENUE CLEVELAND, OH 44115	$ 37,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
42	COUNTY OF CUYAHOGA-HEALTHY HOMES 5550 VENTURE DR. PARMA, OH 44130	$ 123,730.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization CLEVELAND HOUSING NETWORK, INC.

Employer identification number 34-1346763

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43	US DEPT OF HUD-SAFAH 200 NORTH HIGH STREET COLUMBUS, OH 43215-2499	$ 105,202.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
44	OHIO DEPARTMENT OF DEVELOPMENT-HDAP 77 SOUTH HIGH STREET COLUMBUS, OH 43216	$ 750,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
45	COUNTY OF CUYAHOGA-TANF 310 W. LAKESIDE AVENUE, ROOM 5995 CLEVELAND, OH 44113	$ 86,752.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
46	US DEPARTMENT OF HUD-SHP 200 NORTH HIGH STREET COLUMBUS, OH 43215-2499	$ 76,153.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
47	US DEPARTMENT OF HUD-THI 200 NORTH HIGH STREET COLUMBUS, OH 43215-2499	$ 17,836.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
48	HOUSING PARTNERSHIP NETWORK 160 STATE STREET, 5TH FLOOR BOSTON, MA 02109	$ 244,723.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization CLEVELAND HOUSING NETWORK, INC.

Employer identification number 34-1346763

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49	CITY OF CLEVELAND-LEAD 1925 ST. CLAIR AVE CLEVELAND, OH 44114	$ 197,953.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
50	OHIO PARTNER'S FOR AFFORDABLE ENERGY P.O. BOX 1793 FINDLAY, OH 45839-1793	$ 819,014.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
51	US DEPARTMENT OF HUD-ACA 200 NORTH HIGH STREET COLUMBUS, OH 43215-2499	$ 417,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
52	THE BRUENING FOUNDATION 1422 EUCLID AVENUE, SUITE 627 CLEVELAND, OH 44115	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
53	CITY OF CLEVELAND - HOME FORGIVEN 1925 ST. CLAIR AVE CLEVELAND, OH 44114	$ 973,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
54	STATE OF OHIO-HOMELESS ASSISTANCE 77 SOUTH HIGH STREET COLUMBUS, OH 43216	$ 239,381.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization CLEVELAND HOUSING NETWORK, INC.

Employer identification number 34-1346763

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55	THOMAS H. WHITE 1422 EUCLID AVENUE, SUITE 627 CLEVELAND, OH 44115	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization: CLEVELAND HOUSING NETWORK, INC.

Employer identification number: 34-1346763

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically importantly land area
☐ Preservation of certified historic structure

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

			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 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ ____

4 Number of states where property subject to conservation easement is located ▶ ____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ ____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ ____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ____

(ii) Assets included in Form 990, Part X ▶ $ ____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ____

b Assets included in Form 990, Part X ▶ $ ____

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

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

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

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

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

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

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

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

		Amount
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? ☐ Yes ☐ No

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

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

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

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

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ 100.0000 %

c Term endowment ▶ ______ %

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

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

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

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

Description of investment	**(a)** Cost or other basis (investment)	**(b)** Cost or other basis (other)	**(c)** Depreciation	**(d)** Book value
1a Land				
b Buildings		7,503,437.	NONE	7,503,437.
c Leasehold improvements				
d Equipment		689,796.	549,941.	139,855.
e Other				
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				7,643,292.

Part VII **Investments - Other Securities.** 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII **Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 13.)* ▶		

Part IX **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
MORTGAGE RECEIVABLE	833,179.
INTEREST RECEIVABLE	13,674,553.
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 15.)* ▶	14,507,732.

Part X **Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
DEFERRED INTEREST	289,819.
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 25.)* ▶	289,819.

In Part XIV, 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.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	24,847,103.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,746,023.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	101,080.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	101,080.

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

1	Total revenue, gains, and other support per audited financial statements			1	24,847,103.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	24,847,103.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.)			5	24,847,103.

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

1	Total expenses and losses per audited financial statements			1	24,746,023.
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	24,746,023.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18.)			5	24,746,023.

Part XIV Supplemental Information

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

PART V, LINE 4

INTENDED USE OF ENDOWMENT FUND

TO ASSIST IN OUR MISSION BY ALLOWING FOR THE INVESTMENT OF UP TO $750,000

IN SHORT-TERM LOAN INSTRUMENTS OFFERED TO AFFORDABLE LOW-INCOME HOUSING

PROJECTS.

Part XIV **Supplemental Information** *(continued)*

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the Organization: CLEVELAND HOUSING NETWORK, INC.

Employer Identification number: 34-1346763

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
CAROLYNN GALLOWAY TRUSTEE/BOARD PRESIDENT	2.	X		X				NONE	NONE	NONE
KRUME STOJANOVSKI TRUSTEE/BOARD VP	2.	X		X				NONE	NONE	NONE
PETER MEISEL TRUSTEE/BOARD TREASURER	2.	X		X				NONE	NONE	NONE
DAVE BAILEY TRUSTEE/BOARD SECRETARY	2.	X		X				NONE	NONE	NONE
ROBERT M BRLAS TRUSTEE	2.	X						NONE	NONE	NONE
NATE DAVIS TRUSTEE	2.	X						NONE	NONE	NONE
PAUL ETTORRE TRUSTEE	2.	X						NONE	NONE	NONE
MARK EVANS TRUSTEE	2.	X						NONE	NONE	NONE
CAROL FRIEDMAN TRUSTEE	2.	X						NONE	NONE	NONE
KARL GARTNER TRUSTEE	2.	X						NONE	NONE	NONE
MAXINE GREENE TRUSTEE	2.	X						NONE	NONE	NONE
MIKE GRIFFIN TRUSTEE	2.	X						NONE	NONE	NONE
SAHNARA HENDRIX TRUSTEE	2.	X						NONE	NONE	NONE
SCOTT NAGY TRUSTEE	2.	X						NONE	NONE	NONE
LORETTA HUNTER TRUSTEE/RESIDENT	2.	X						NONE	NONE	NONE
KATHRYN JACKSON TRUSTEE	2.	X						NONE	NONE	NONE
JACSHICA LASTER TRUSTEE/RESIDENT LP	2.	X						NONE	NONE	NONE
GAIL LONG TRUSTEE	2.	X						NONE	NONE	NONE
CARLO MAGGIORA TRUSTEE	2.	X						NONE	NONE	NONE
TERRANCE MCCLAIN TRUSTEE	2.	X						NONE	NONE	NONE
JOHN SHRIVER TRUSTEE	2.	X						NONE	NONE	NONE

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the Organization: CLEVELAND HOUSING NETWORK, INC.

Employer Identification number: 34-1346763

Part I **Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
HELEN SMITH TRUSTEE	2.	X						NONE	NONE	NONE
WILLIAM TILLMAN TRUSTEE	2.	X						NONE	NONE	NONE
JIM VECCHIO TRUSTEE	2.	X						NONE	NONE	NONE
JOHN WEISS TRUSTEE	2.	X						NONE	NONE	NONE
ANGELA WILLIAMS TRUSTEE	2.	X						NONE	NONE	NONE
FRANK BARRESI TRUSTEE	2.	X						NONE	NONE	NONE
MARTY MURPHY TRUSTEE	2.	X						NONE	NONE	NONE
ROBERT CURRY EXECUTIVE DIRECTOR	40.			X				116,402.	NONE	14,304.
KATE MONTER DURBAN ASST. DIRECTOR	40.			X				91,013.	NONE	14,304.
PATRICK KENNEY COO	40.			X				103,243.	NONE	2,911.
MARY SMIGELSKI DIRECTOR OF FINANCE	40.			X				94,024.	NONE	2,699.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
CLEVELAND HOUSING NETWORK, INC.	34-1346763

990 REVIEW POLICY

PART VI - QUESTION 10

THE FINANCE DIRECTOR ENSURES THAT FORMS 990 ARE FILED IN A TIMELY AND ACCURATE MANNER.

THE EXECUTIVE DIRECTOR SIGNS AND CERTIFIES THAT THE IRS FORM 990 IS ACCURATE AND COMPLETE.

THE FINANCE AND EXECUTIVE COMMITTEES REVIEWS AND APPROVES THE IRS FORM 990 ANNUAL TAX FILING PRIOR TO SUBMISSION TO ENSURE THE ACCURACY OF BOTH FINANCIAL AND NON-FINANCIAL INFORMATION INCLUDED ON THE SUBMISSION. IN ADDITION, THE FULL BOARD RECEIVES A COPY OF THE IRS FORM 990 PRIOR TO FILING.

CONSISTENT WITH THE REQUIREMENTS OF SECTION 6104(D) OF THE INTERNAL REVENUE CODE AND THE REGULATIONS THEREUNDER, COPIES OF THE ORGANIZATION'S FORM 990 SHALL BE MADE AVAILABLE, UPON REQUEST, IN A TIMELY MANNER, AND [SUBJECT TO THE CHARGES PERMITTED BY LAW] TO ANY INDIVIDUALS WHO REQUEST IT.

Name of the organization: CLEVELAND HOUSING NETWORK, INC.

Employer identification number: 34-1346763

CONFLICT OF INTEREST

PART VI - SECTION B - QUESTION 12

ANNUALLY, THE DIRECTORS AND OFFICERS ARE REQUIRED TO COMPLETE THE CONFLICT OF INTEREST DISCLOSURE FORM. ATTACHED TO THE FORM IS THE WRITTEN POLICY FOR REVIEW TO ENSURE INDENTIFICATION OF POTENTIAL CONFLICTS. ALL POTENTIAL CONFLICTS ARE PUBLISHED IN THE CONFLICT OF INTEREST LOG. DISINTERESTED DIRECTORS SHALL DETERMINE, BASED ON THE FACTS PRESENTED, BY THE MAJORITY VOTE TO APPROVE TO ENTER INTO TRANSACTIONS OR ARRANGEMENTS WITH A POTENTIAL CONFLICT.

Name of the organization: CLEVELAND HOUSING NETWORK, INC.

Employer identification number: 34-1346763

COMPENSATION REVIEW PROCESS

PART VI - SECTION B - QUESTION 15

THE ORGANIZATION'S EXECUTIVE DIRECTOR AND KEY EMPLOYEES EACH RECEIVED A MODEST SALARY INCREASE RANGING BETWEEN 1% AND 3% IN 2008. PERIODICALLY, THE ORGANIZATION REVIEWS NATIONAL SALARY INFORMATION FOR SIMILAR ORGANIZATIONS WITH KEY EMPLOYEES IN FUNCTIONALLY COMPARABLE POSITIONS. THE APPROVAL OF COMPENSATION INCREASES IS UNDERTAKEN BY THE BOARD. SALARY DECISIONS MADE BY THE BOARD ARE REFLECTED IN THE BOARD MEETING MINUTES.

Name of the organization	Employer identification number
CLEVELAND HOUSING NETWORK, INC.	34-1346763

GOVERNING DOCUMENTS FOR PUBLIC INSPECTION

PART VI-SECTION C-QUESTION 19

DOCUMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization: CLEVELAND HOUSING NETWORK, INC.

Employer identification number: 34-1346763

RELATED PARTNERSHIPS AND CORPORATIONS

SCHEDULE R, PART III AND PART IV

THE RELATED PARTNERSHIPS AND CORPORATIONS LISTED ON SCHEDULE R WERE FORMED TO ASSIST THE ORGANIZATION IN THE FULFILLMENT OF ITS CHARITABLE MISSION OF DEVELOPING AFFORDABLE HOUSING FOR LOW- AND MODERATE-INCOME RESIDENTS OF GREATER CLEVELAND. THE PRIMARY ACTIVITIES OF NOAH II LLC AND OPPORTUNITY HOUSING CLEVELAND, RELATED ORGANIZATIONS LISTED ON SCHEDULE R, PART III, ARE DESCRIBED AS "REAL ESTATE." NOAH II AND OPPORTUNITY HOUSING CLEVELAND ARE JOINT PROGRAMS BETWEEN THE ORGANIZATION AND OTHER CHARITABLE NONPROFIT ORGANIZATIONS IN GREATER CLEVELAND TO REHABILITATE AND SELL HOMES IN DISTRESSED NEIGHBORHOODS. THE PRIMARY ACTIVITY OF CARVER ASSOCIATES LLC, A RELATED ORGANIZATION LISTED ON SCHEDULE R, PART III, IS DESCRIBED AS "REAL ESTATE DEVELOPMENT". CARVER ASSOCIATES LLC WAS FORMED TO DEVELOP HOUSING FOR LOW-INCOME HOUSEHOLDS BUT HAS NOT HAD ANY FINANCIAL ACTIVITY SINCE ITS FORMATION. THE PROGRAMS ARE CONSISTENT WITH THE FILING ORGANIZATION'S CHARITABLE MISSION OF GENERATING PATHWAYS OUT OF POVERTY AND PROVIDING HOME OWNERSHIP OPPORTUNITIES. THE PRIMARY ACTIVITY OF THE CORPORATIONS IS LISTED ON SCHEDULE R, PART IV AS "PROPERTY MANAGEMENT." THESE CORPORATIONS MANAGE THE LOW- AND MODERATE-INCOME HOUSING THE DEVELOPMENT OF WHICH IS SPONSORED BY THE ORGANIZATION.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: CLEVELAND HOUSING NETWORK, INC.
Employer identification number: 34-1346763

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
NHI, INC. 34-1956653 2999 PAYNE AVENUE #306 CLEVELAND, OH 44114	SUPPORTING OR	OH	501(C)(3)	11	N/A

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No
NOAH II LLC 01-0679346 2999 PAYNE AVENUE	REAL ESTATE	OH	N/A	RELATED	-326.	-80,920.		X	NONE		X
CARVER ASSOCIATES LLC 03-04543 2999 PAYNE AVENUE	REAL ESTATE DEV.	OH	N/A	RELATED	NONE	NONE		X	NONE		X
OPPORTUNITY HOUSING CLEVELAND 2999 PAYNE AVENUE	REAL ESTATE	OH	N/A	RELATED	NONE	50.		X	NONE		X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
SEE SCHEDULE R-1							

Part V Transactions With Related Organizations

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

			Yes	No
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

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

	(A) Name of other organization(s)	**(B)** Transaction type (a–r)	**(C)** Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

Part III **Continuation of Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V-UBI amount on box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No

Part IV **Continuation of Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
HOUSECO X, INC. 34-1883065 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-311,285.	NONE	75.0000
HOUSECO XI, INC. 34-1883066 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-36.	808,554.	75.0000
HOUSECO XII, INC. 34-1797722 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-24.	621,320.	76.8000
HOUSECO XIII, INC. 34-1824876 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-27.	153,332.	100.0000
HOUSECO XIV, INC. 34-1843895 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-64.	-65,350.	100.0000
HOUSECO XV, INC. 34-1854311 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-43.	-173.	100.0000
HOUSECO XVI, INC. 34-1876274 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-49.	201,845.	100.0000
HOUSECO XVII, INC. 34-1898787 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-43.	-492.	100.0000
HOUSECO XVIII, INC. 34-1938961 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-44.	-45,156.	100.0000
HOUSECO XIX INC. 34-1963482 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-32.	245,541.	100.0000
HOUSECO XX, INC. 41-2062640 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-64.	111,826.	100.0000
HOUSECO XXI, INC. 76-0752101 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-53.	173,704.	100.0000
INFILL I, INC. 36-4025434 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-1,250.	6,625.	100.0000
INFILL II, INC. 34-1806129 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-1,842.	-15,525.	52.0000
INFILL III, INC. 02-0559951 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-44.	-4,258.	100.0000
ERIEVIEW HOMES I CORP 01-0607644 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-23.	249,323.	100.0000
ERIEVIEW HOMES II CORP 36-4511575 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	NONE	NONE	100.0000
EAST SIDE NEIGHBORHOOD HOMES 13-4217057 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-30.	-12,626.	100.0000

Part IV **Continuation of Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
WEST I CORPORATION 01-3735249 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-162,359.	-248,097.	100.0000
ERIE SQUARE APARTMENTS II, I 14-1893981 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-26.	449,895.	100.0000
HOMECO HOMES 20-1210923 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	NONE	NONE	100.0000
STOCKYARD HOMES I, INC. 20-3185289 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-27.	-2,029.	100.0000
EMERALD ALLIANCE II, INC. 20-3185147 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-39.	1,128,706.	100.0000
HOUSECO XXII, INC. 41-2062640 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	NONE	NONE	100.0000
CLEVELAND NEW CONSTRUCTION H 20-5124686 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-30.	-2,795.	100.0000
SLAVIC VILLAGE HOMES, INC. 20-5124631 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-21.	-2,030.	100.0000
HOUSECO, INC. 34-1660978 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	NONE	NONE	100.0000
RAINBOW PLACE APARTMENTS, IN 20-4216859 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	19.	73.	100.0000
SOUTH POINTE COMMONS, INC. 20-5124526 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-58.	1,241,657.	100.0000
EDGEWOOD PARK, INC. 26-0690559 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	NONE	-2,026.	51.0000
CLEVELAND GREEN HOMES EAST, 26-3068728 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	NONE	NONE	100.0000
CLEVELAND GREEN HOMES, INC. 26-3397957 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	NONE	NONE	100.0000
ERIEVIEW VILLAGE HOMES II CO 20-8647115 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-41.	-2,060.	100.0000
NETWORK RESTORATION, INC. 34-1524244 2999 PAYNE AVENUE CLEVELAND, OH 44114	PROPERTY MNGMNT	OH	N/A	C CORP	-35,131.	-245,383.	100.0000

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
GREATHOUSE HEATING AND COOLING 2995 SHELBURN ST. AKRON, OH 44312	WEATHERIZATION SVC	147,776.
OHIO INSULATING 577 FENN RD. TALLMADGE, OH 44278	WEATHERIZATION SVC	150,993.
LACHOWICZ RENOVATION 1590 GRACE AVE. LAKEWOOD, OH 44107	WEATHERIZATION SVC	173,079.
PIPELINE PLUMBING 7815 HARVARD AVENUE CLEVELAND, OH 44105	MAINTENANCE	157,022.
MARC SILBERMAN 200 PUBLIC SQUARE #2560 CLEVELAND, OH 44114	LEGAL SERVICES	147,445.
TOTAL COMPENSATION		776,315.

Form **8868** (Rev. April 2008)
Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	**Employer identification number**
	CLEVELAND HOUSING NETWORK	34-1346763
	Number, street, and room or suite no. If a P.O. box, see instructions. 2999 PAYNE AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLEVELAND, OH 44114	

Check type of return to be filed (file a separate application for each return):

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ MARY SMIGELSKI

Telephone No. ▶ 216 574-7100 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ________ . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15 , 2009 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [X] calendar year 2008 or
▶ [ ] tax year beginning ________ , ______, and ending ________ , ______ .

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print	Name of Exempt Organization CLEVELAND HOUSING NETWORK	**Employer identification number** 34-1346763
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2999 PAYNE AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLEVELAND, OH 44114	

Check type of return to be filed (File a separate application for each return):

- [X] Form 990
- [ ] Form 990-BL
- [ ] Form 990-EZ
- [ ] Form 990-PF
- [ ] Form 990-T (sec. 401(a) or 408(a) trust)
- [ ] Form 990-T (trust other than above)
- [ ] Form 1041-A
- [ ] Form 4720
- [ ] Form 5227
- [ ] Form 6069
- [ ] Form 8870

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of ▶ MARY SMIGELSKI

Telephone No. ▶ 216 574-7100 FAX No. ▶

• If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box . . . ▶ [ ] . If it is for part of the group, check this box . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15/2009 .

5 For calendar year 2008 , or other tax year beginning ______ and ending ______ .

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Elizabeth Kozenko Title ▶ CPA Date ▶ 8/13/09

COHEN & COMPANY, LTD.
OFFICES LISTED AT
WWW.COHENCPA.COM, OH 44115

JSA
8F8055 2.000

Cohen & Company
Certified Public Accountants

SERVICE QUALITY INNOVATION FUN

FILING INSTRUCTIONS
FORM 990
VERIFICATION OF FILING WITH THE INTERNAL REVENUE SERVICE
FOR YEAR ENDING DECEMBER 31, 2008
(TO BE FILED WITH THE STATE OF OHIO)

CLEVELAND HOUSING NETWORK, INC.
* * * * * *

SIGNATURE. . .
THE FORM SHOULD BE SIGNED (USING FULL NAME AND TITLE) AND DATED BY AN AUTHORIZED OFFICER.

PAYMENT OF TAX. . .
PLEASE MAKE A CHECK PAYABLE TO 'TREASURER OF STATE OF OHIO' IN THE AMOUNT OF **$200**. ALSO, PLEASE INCLUDE YOUR ORGANIZATION'S FEDERAL IDENTIFICATION NUMBER ON THE CHECK.

FILING. . .
THE SIGNED FORM SHOULD BE FILED ON OR BEFORE NOVEMBER 15, 2009 WITH:

OHIO ATTORNEY GENERAL
CHARITABLE LAW SECTION
150 E. GAY ST., 23RD FLOOR
COLUMBUS, OH 43215-3130

***** ***** *****

TO DOCUMENT THE TIMELY FILING OF YOUR TAX RETURN(S), WE SUGGEST THAT YOU OBTAIN AND RETAIN PROOF OF MAILING. PROOF OF MAILING CAN BE ACCOMPLISHED BY SENDING THE TAX RETURN(S) BY REGISTERED OR CERTIFIED MAIL (METERED BY THE U.S. POSTAL SERVICE).

RICHARD CORDRAY
OHIO ATTORNEY GENERAL

VERIFICATION OF FILING WITH THE INTERNAL REVENUE SERVICE

This form is to be completed by 501(c)(3) non-profit organizations, located in Ohio, that file one of the federal tax forms listed below. NOTE: This form should be filed in lieu of a copy of the federal tax return. Do not submit the federal return with this form.

I hereby certify that I am a trustee or officer of

CLEVELAND HOUSING NETWORK, INC.
(Name of Organization as filed with the Attorney General's Office)

2999 PAYNE AVENUE, SUITE 306	CLEVELAND	44114
Charity Street Address	City	Zip Code

34-1346763	577435
(Federal Employer Identification Number)	(State Charter Number if applicable)

and that the above named organization completed and/or will complete and file: (check one)

☑ **Form 990** ☐ **Form 990-PF** ☐ **Form 990-EZ** ☐ **Form 990-N (e-Postcard)**

required by the Internal Revenue Service for the: (check and complete one of the following)

☑ calendar year 2 008

☐ tax year beginning ____________, 2 _ _ _, and ending ______________, 2 _ _ _

and that such filing occurred on/or will occur on ____________________________.
(Filing Date)

Did the organization request a federal extension of time to file this report? ☑ Y ☐ N

If yes, what was/is the extended due date? NOVEMBER 15, 2009
(Federal Extended Due Date)

For fee purposes, please indicate the current total value of assets, or if filing this form prior to an extended federal due date, estimate the current total value of assets, at year end $ 64,154,374

______________________________	______________________________
Name of Trustee/Officer (Please Print)	Telephone number
______________________________	______________________________
	Charitable Organization E-mail Address
______________________________	
Trustee/Officer Title	

CLIENT COPY
Cohen & Company
Certified Public Accountants

____
Date

VFIRS/Revised 6/09

OFFICE USE ONLY
FILING FEE PAID

Amount ____________
Date ________________
Check #______________