

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### CHANGE OF ACCOUNTING PERIOD

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public

Information about Form 990 and its instructions is at www.irs.gov/formago

Open to Public Inspection

	ΔΕ	or the	2013 calendar year, or tax year beginning JUL 1, 2013 and ending	DEC 31, 2013	
			- <del></del>	<del></del>	- A. a
	id C	rock if	C Name of organization	D Employer (dentific	ation number
		□Addre	S THERE DIVINE AND EGONOMIC MEMBERSHIP		
	느	_charg _Name	EMERALD DEVELOPMENT AND ECONOMIC METWORK	$\dashv$	
		_charg			67990
		]Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
		]Term⊪ ated	7812 MADISON AVE	(216)	961-9690
		Amero	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	12,841,079.
		Applie tion	CLEVELAND, OH 44102	H(a) is this a group re-	turn
		Deuqu	F Name and address of principal officer IRENE COLLINS	for subordinates?	[
			SAME AS C ABOVE	H(b) Are all subordinates in:	
		*		<del></del>	
				<del></del>	ist (see instructions)
			e: N/A organization X Corporation Trust Association Other Ly	H(c) Group exemption fear of formation: 1990 M	
				rear or normation. 1990 M	State or regal dornione. Off
	Pa	rt I	Summary	י א זוותי	
	ပ္	1	Briefly describe the organization's mission or most significant activities SEE SCHE	O anoda	
	Activities & Governance	_	Oha II July yang B. T. I data any anatan disagraphy and to grow the property of the	nove than 250, of its not see	
	Je	ŀ	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of n	1 1	11
	ő		Number of voting members of the governing body (Part VI. line 1a)	3	11
	•ಕ		Number of independent voting members of the governing body (Part VI, line 1b)	4	
	ics	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	138
	νiť	6	Total number of volunteers (estimate if necessary)	6	11
	\ct	7 a	Total unrelated business revenue from Part VIII column (C), line 12	7a	0.
5.0		b	Net unrelated business taxable income from Form 990 T. line 34	7b	0.
DEC I 3 211K	, ,			Prior Year	Current Year
000	ابه	8	Contributions and grants (Part VIII, line 1h)	20,250,634.	10,836,097.
<b>©</b>	Re venue		Program service revenue (Part VIII, line 2g)	3,705,653,	2,004,784.
£=.			Investment income (Part VIII, column (A), lines 3, 4, and 7d)	302.	198.
رے			Other revenue (Part VIII, column (A), lines 5 6d 8c, 9c 10c and 11e)	0.	0.
الميليا			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,956,589.	12,841,079.
SCANNED			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,347,115.	8,649,951.
		i .	Beriefits paid to or for members (Part IX, column (A), line 4)	0.1	0.
	<b>/</b> 0		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,187,783.	1,688,205.
	Se		Professional fundraising fees (Part iX, column (A), line 11e)	0.1	0.
E	Expenses		^	<b></b>	
<b>Ö</b> Ž	χ ώ	1		4,132,728.	2,518,694.
			Other expenses (Part IX. column (A), lines 11a-11d, 11f-24e)	23,667,626.	12,856,850.
		18	Total expenses Add lines 13.17 (must equal Part-IX, roclum) (3), line 25)	288,963.	-15,771.
	SS	19	Revenue less expenses Subtract line 18 from line 12	Beginning of Current Year	<del></del>
	sets d			24,168,211.	End of Year 24, 421, 356.
	258 888	1	Total assets (Part X line 18) NOV 2 5 2014		
	e a		Total liab-lities (Part X, line 26)	6,994,803.	7,263,719.
	<b>3</b>		Net assets or fund balances. Subtract line 21 from line 20	17,173,403.	17,157,637.
	<u> </u>	<u>irt li</u>	Signature Biock		<del> </del>
			ities of perjury, I declare that I have examined this return, including accompanying schedules and sta		knowledge and belief, it is
	true.	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepared	carer has any knowledge.	21/11/
			Signature of officer CALLING	Inate	21/-/4
	Sigi			, 4.0 - /	/ /
	Her	e	IRENE COLLINS, EXECUTIVE DIRECTOR  Type or print name and title		<del></del>
		_		Date Cheu	PTIN
	De!		Prim/Type preparer's name Preparer's signature  HETDI FERGUSON HEIDI FERGUSON	11/13/14 Self employe	1
	Paid				34-1827159
	•	parer	Firm's name GILMORE JASION MAHLER, LTD	。Firm's ElN ▶	34-104/133
	use	Only	Firm's address 1715 INDIAN WOOD CIRCLE, STE. 100	Dt. 410	70/ 2000
		_	MAUMEE, OH 43537	Phone no.41	9-794-2000
	May	the I	AS discuss this return with the preparer shown above? (see instructions)		X Yes No
			TILL F. D		Co OOO (0040)

Part III   Statement of Program Service Accomplishments	Form	990 (2013) EMERALD DEVELOPMENT AND ECONOMIC NETWORK 34-1667990 Page 2
Breith describe the organization's mession   SDEN, INC. PROVIDES, OPERATES, AND ADVOCATES FOR SAFE, DECENT, AFFORNABLE HOUSING AND SUPPORT SERVICES FOR PERSONS LIVING WITH DISABILITIES OR SPECIAL NEEDS WHO HAVE LOW INCOMES AND MAY BE   SAFERIENCING HOMBLESSNESS.	Par	t III Statement of Program Service Accomplishments
Breith describe the organization's mession   SDEN, INC. PROVIDES, OPERATES, AND ADVOCATES FOR SAFE, DECENT, AFFORNABLE HOUSING AND SUPPORT SERVICES FOR PERSONS LIVING WITH DISABILITIES OR SPECIAL NEEDS WHO HAVE LOW INCOMES AND MAY BE   SAFERIENCING HOMBLESSNESS.		Check if Schedule O contains a response or note to any line in this Part III
BDEN, INC. PROVIDES, OPERATES, AND ADVOCATES FOR SAFE, DECENT, APPORDABLE HOUSING AND SUPPORT SERVICES FOR PERSONS LIVING WITH DISABILITIES OR SPECIAL NEEDS WHO HAVE LOW INCOMES AND MAY BE EXPERIENCING HOMBLESSNESS.  2 Did the organization undertake any significant program services during the year which were not laised on the poor from 900 or 980 E2?  3 Did the organization undertake any significant program services during the year which were not laised on the year facilities of the services on Schedule 0  4 Describe the organization of poor service accomplishments for each of its three largest program services?  4 Describe the organization of poor service accomplishments for each of its three largest program services, as measured by expenses Section 501(65) and 501(65) censivations are reduced to report the amount of genets and afficients of others, the total operates, and reverbal, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses Section 501(65) and 501(65) censurations to others, the total operates, and reverbal, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses Section 501(65) and 501(65) censurations to others, the total operates, and reverbal, if any, for each program service accomplishments to each of its three largest program services?  4 (600 )	4	
AFFORDABLE HOUSING AND SUPPORT SERVICES FOR PERSONS LIVING WITH DISABILITIES OR SPECIAL NEEDS WHO HAVE LOW INCOMES AND MAY BE EXPERIENCING HOMBLESSNESS.  2 Did the organizator undertakes any significant program services during the year which were not lasted on the prior form 900 or 900 E2?  If "Yas," describe these new services on Schedule O Dot the organization cases conducting, or make significant changes in how it conducts, any program services?  If "Yas," describe these changes on Schedule O Dot the organization or glogram service accomplishments for each of its three largest program services, as measured by expenses Section 501(5(8) and 501(5(8)) erganizations are required to report the amount of grants and afficiations to others, the total expenses Section 501(5(8) and 501(5(8)) erganizations are required to report the amount of grants and afficiations to others, the total expenses Section 501(5(8) and 501(5(8)) erganizations are required to report the amount of grants and afficiations to others, the total expenses Section 501(5(8) and 501(5(8)) erganizations are required to report the amount of grants and afficiations to others, the total expenses Section 501(5(8) and 501(5(8)) erganizations are required to report the amount of grants and afficiations to others, the total expenses Section 501(5(8) and 501(5(8)) erganizations are required to report the amount of grants and afficiations to others, the total expenses Section 501(5(8) and 501(5(8)) erganizations are required to report the amount of grants and afficiations to others, the total expenses Section 501(5(8)) and 501(5(8)) erganizations are required to report the amount of grants and afficiations to charge the section 501(5(8)) and 501(5(8)) expenses 1, 955, 427.1  PROVIDED BY ART HOMBLESSNESS, WHO ARE DISABLED OR HOWELDSNESS OR AT TISK OF HOMBLESSNESS AND WHO ORE TO DISABLED OR HOWELDSNESS OR AT TISK OF HOMBLESSNESS, AND WHO ORE DISABLED OR HAVE DESCRIBED OR OWE PARTICIPANTS INCREASED OR MAINTAINED INCOME, HOMBLESS OR SOR FOR THE PROVIDED FOR OWE	•	
DISABILITIES OR SPECIAL NEEDS WHO HAVE LOW INCOMES AND MAY BE EXPERIENCING HOMELESSINESS.  2 Dut the organization undertake any significant program services during the year which were not tailed on the prior form 900 or 930 E2?  10 The formal of the prior of order the free services on Schedule O  11 The first of discribe free free services on Schedule O  2 Duck the organization cases conducting, or make significant changes in how it conducts, any program services?  12 The first of the organization's program service accomplishments for each of its three largest program services, as measured by expenses section 501(c) and 510(c) organizations are required to report the amount of grants and discramons to others, the total operages, and service, if any, for each program service upported to amount of grants and discramons to others, the total operages, and service, if any, for each program service to profit or amount of grants and discramons to others, the total operages, and service, if any, for each program service to profit or amount of grants and discramons to others, the total operages, and service, if any, for each program service service or any or any or any organization of services, and services or any organization of grants and discramons to others, the total operages, and service, and the services of grant of grants and discramons to others, the total operages, and services organized and discramons to others, the total operages, and services organized and discramons to others, the total operages, and services organized and discramons to others, the total operages and discramons to others, the total operages and discramons to others, the total operages, and services organized and discramons to other services. In the services of the services		ARRODDADIR HOUSTNG AND SUDDODY SERVICES FOR DERSONS LIVING WITH
EXPERIENCING HOMBLESSNESS.  2 Did the organization undertake any angunificant program services during the year which were not tailed on the prior form 900 or 980 EZ?  If "Yes "discurbe these new services on Schedule O Out the organization cases conducting, or make againficant changes in how at conducts, any program services?  If "Yes," describe these changes on Schedule O Out the organization case conducting, or make againficant changes in how at conducts, any program services?  If "Yes," describe these changes on Schedule O Out the organization of program services accomplishments for each of its three largest program services, as measured by expenses Section 9010(8) and 9010(8) organizations are required to report the amount of grants and affocations to others, the total expenses and several transported.  10 Section 9010(8) and 9010(8) organizations are required to report the amount of grants and affocations to others, the total expenses Section 9010(8) and 9010(8) organizations are required to report the amount of grants and affocations to others, the total expenses Section 9010(8) and 9010(8) organizations are required to report the amount of grants and affocations to others, the total expenses Section 9010(8) and 9010(8) organizations are required to report the amount of grants and affocations to others, the total expenses Section 9010(8) and 9010(8) organizations are required to report the amount of grants and affocations to others, the total expenses of the section 9010(8) and 9010(8) organizations are required to report the amount of grants and affocations to others, the total expenses of the section 9010(8) and 9010(8) organizations are required to report the amount of grants and affocations to other section 9010(8) organizations are required to report the amount of grants and affocations to other section 9010(8) organizations are required to report the amount of grants and affocations to other section 9010(8) organizations are required to report the amount of grants and affocations are required to repo		
2 Do the organization undertake any significant program services during the year which were not tasted on this prior Form 900 or 980 EZ?  If "Yes," describe these new services on Schedule 0  Dut the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses it "Yes," describe these changes on Schedule 0  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 50((6)) engerizations are required to report the amount of grants and effections to others, the total expenses, and sevenue, if any, for each program services are required to report the amount of grants and effections to others, the total expenses, and sevenue, if any, for each program services accomplishments for each of its time largest program services, as measured by expenses Section 50((6)) engerizations are required to report the amount of grants and effections to others, the total expenses, and sevenue, if any, for each program services are required to report the amount of grants and effections to others, the total expenses, and sevenue, if any, for each program services are required to report the amount of grants and effections to others, the total expenses, and sevenue, if any, for each program services, as measured by expenses section 50 (1) and 10 (1)		
the prior From 900 or 980 EZ?    If Yes' describe these new services on Schedule O   If Yes', describe these new services on Schedule O   If Yes', describe these changes on Schedule O   If Yes', describe these changes on Schedule O   Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and affocations to others, the total expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and affocations to others, the total expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and affocations to others, the total expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and affocations to others, the total expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and affocations to others, the total expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and affocations to others, the total expenses Section 501(c)(4) organization and 501(c)(4) organiza		
If "Yos" describe these new services on Schedule O  If "Yes," describe these changes on Schedule, or make agrificant changes in how it conducts, any program services?  Ves [X] No  If "Yes, "Gescribe these changes on Schedule, or make agrificant changes in how it conducts, any program services, as measured by expenses Section Sci(s) and Sci(s) organizations in output services are required to report the amount of grants and affocations to others, the total expenses, and severally, if any, for each program service isported  18 Cook (1) (Figures 2, 23, 31, 42.2 including prints of a single program services, as measured by expenses, and severally, if any, for each program service is possible of the amount of grants and affocations to others, the total expenses, and severally, if any, for each program service is possible of the severally in the service of the severally in the several program services, as measured by expenses sections to others, the total expenses and severally in the several program services, as measured by expenses severally in the several program services, as measured by expenses and severally in the several program services and severally in the several program services and severally in the several program services, as measured by expenses and severally interesting the several program services, as measured by expenses and severally interesting the several program services and severally interesting the several program services and severally interesting the several program services and se	2	Did the organization undertake any significant program services during the year which were not listed on
Lyes		the prior Form 990 or 990 EZ?
In "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 50(16(g)) and 50(16(g)) organizations are required to report the amount of grants and affocations to others, the total expenses, and severate, if any, for each program service uponted  10 (cosb. ) (Ecosesses 2 2, 331, 042; reducing grants of s. ) (Resenses 1, 955, 427.)  PROVIDE, DEVELOP, AND MANAGE HOUSING UNITS FOR PERSONS WHO ARE HOMELESS OR AT RISK OF HOMELESSNESS, WHO ARE DISABLED OR HAVE SPECIAL NEEDS, AND WHO HAVE LOW INCOME. BDEN SERVED 70 CONSUMERS DURING THE FISCAL YEAR. EDEN HAS MAINTAINED 95% REIT COLLECTION AND OCCUPANCY STANDARDS. WE HAVE DRCREASED THE AMOUNT OF TIME IT TAKES TO TURN A UNIT OVER FOR OCCUPANCY. 74% OF OUR TENANTS HAVE A SOURCE OF INCOME AND 6% ARE EMPLOYED.  4b (Cosb. ) (Ecosesses 9,935,248. reducing grants of s. 8,649,951.) (Montaled Service) Control of the control of service) Control of the control of service (Cosb. ) (Montaled Service) Control of Service) Control of Service (Cosb. ) (Montaled Service) Control of Service) Control of Service (Cosb. ) (Montaled Service) Control of Service) Control of Service) Control of Service (Cosb. ) (Montaled Service) Control of Service) Cosb. (Montaled Service) Cosb. ) (		If "Yes " describe these new services on Schedule O
It "Yes," describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses section 50(b(s)) and 50(b(s)) organizations are required to report the amount of grants and affocations to others, the total expenses, and revenue, it any, for each program service is ported to report the amount of grants and affocations to others, the total expenses, and revenue, it any, for each program service is ported to report the amount of grants and affocations to others, the total expenses, and revenue, it any, for each program service is posted.  48 (Coab. ) (Repease 1 1,955,427.)  PROVIDE, DRVELOP, AND MANAGE HOUSING UNITS FOR PERSONS WHO ARE HOMELESS OR AT RISK OF HOMELESSINESS, WHO ARE DISABLED OR HAVE SPECIAL NEEDS, AND WHO HAVE LOW INCOME. BDEN SERVED 70 CONSUMERS DURING THE FISCAL YEAR.  BEDEN HAS MAINTAINED 95% RENT COLLECTION AND OCCUPANCY STANDARDS. WE HAVE DRCREASED THE AMOUNT OF TIME IT DAKES TO TURN A UNIT OVER FOR OCCUPANCY. 74% OF OUR TENANTS HAVE A SOURCE OF INCOME AND 6% ARE EMPLOYED.  CONGER. 65% OF OUR TENANTS HAVE A SOURCE OF INCOME AND 6% ARE EMPLOYED.  4b (Coab. ) (Repeases 9,935,248. rectuding grants of 8,649,951.) (Revenue 4 49,357.)  ADMINISTER RENTAL SUBSIDY PROGRAMS THAT PROVIDED HOUSING FOR OVER 2,450  TINDIVIDUALS AND FAMILIES WHO ARE VERY LOW INCOME, HOMELESS OR AT RISK OF HOMELESSINES, AND WHO ARE DISABLED OR HAVE SPECIAL NEEDS. 80% OF OUR PARTICIPANTS WERE HOUSED 1 YEAR OR LONGER AND 56% WERE HOUSED 5 YEARS OR LONGER. ONLY 5-10% OF FARTICIPANTS WHO RED SPECIAL NEEDS. 80% OF PARTICIPANTS WERE HOUSED 1 YEAR OR LONGER AND 56% WERE HOUSED 5 YEARS OR LONGER. ONLY 5-10% OF FARTICIPANTS WHOSE ASSITANCE WAS TREMINATED WERE FOR NEGATIVE REASONS. MOST WENT ON TO OTHER PERMANENT HOUSING OFFICE AND ADMINISTRATIVE SERVICES ON A CONTRACT BASIS FOR OTHER GOVERNMENT OR NONPROFIT ORGANIZATIONS.  46 Other program services (Describe in Schedule C) (Repeases 111,349. recluding grants of 50 to 100	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
40 Costs the organization's program services accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(s) and 501(c)(s) organizations are required to report the amount of grants and allocations to other total expenses, and tevenue, if any, for each program service uponed  40 (Cost) (Recomment 2, 331, 042) contemporary (Recomplete 2) (Recomplete 3) (		Ir "Yes." describe these changes on Schedule O
Section 501(5(3) and 501(5)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and investing, disruptions are supported to the amount of grants and allocations to others, the total expenses, and investing, disruptions are required to report the amount of grants and allocations to others, the total expenses, and investing the provided by th	4	
1987 14 (2007)   (Separates)	•	
48 (cose ) (receives 2,331,042. recloses generals 1,955,427.) PROVIDE, DEVELOP, AND MANAGE HOUSING UNITS FOR PERSONS WHO ARE HOMBLESS OR AT RISK OF HOMELESSNESS, WHO ARE DISABLED OR HAVE SPECIAL NEEDS, AND WHO HAVE LOW INCOME. EDEN SERVED 70 CONSUMERS DURING THE FISCAL YEAR. EDEN HAS MAINTAINED 95% RENT COLLECTION AND OCCUPANCY STANDARDS. WE HAVE DECREASED THE AMOUNT OF TIME IT TAKES TO TURN A UNIT OVER FOR COCUPANCY. 74% OF OUR TENANTS HAVE LIVED IN OUR HOUSING FOR 2 YEARS OR LONGER. 85% OF OUR TENANTS HAVE A SOURCE OF INCOME AND 6% ARE EMPLOYED.  4b (cose ) (receives 9,935,24%. recloser generals 8,649,951.) (receives 49,357.) ADMINISTER RENTAL SUBSIDY PROGRAMS THAT PROVIDED HOUSING FOR OVER 2,450 TENDIVIDUALS AND FAMILIES WHO ARE VERY LOW INCOME, HOMELESS OR AT RISK OF HOMELESSNESS, AND WHO ARE DISABLED OR HAVE SPECIAL NEEDS 80% OF OUR PARTICIPANTS INCREASED OR MAINTAINED INCOME. THROUGH OUR PROGRAMS. 96% OF PARTICIPANTS WERE HOUSED 1 YEAR OR LONGER AND 56% WERE HOUSED 5 YEARS OR LONGER. ORLY 5-10% OF PARTICIPANTS WERE HOUSED 5 YEARS OR LONGER. ORLY 5-10% OF PARTICIPANTS WORS ASSITANCE WAS TERMINATED WERE FOR NEGATIVE REASONS. MOST WENT ON TO OTHER PERMANENT HOUSING OPTIONS OR INCREASED INCOME AND BECAME INELIGIBLE FOR OUR PROGRAMS.  4c (cose ) (repeaces 111,349. recluding general of 5 ) (Revenue 5 ) (Revenu		
PROVIDE, DEVELOP, AND MANAGE HOUSING UNITS FOR PRESONS WHO ARE HOMELESS OR AT RISK OF HOMELESSNESS, WHO ARE DISABLED OR HAVE SPECIAL NEEDS, AND WHO HAVE LOW INCOME. BDEN SERVED 70 CONSUMERS DURING THE FISCAL YEAR.  EDEN HAS MAINTAINED 95% RENT COLLECTION AND OCCUPANCY STANDARDS. WE HAVE DECREASED THE AMOUNT OF TIME IT TAKES TO TURN A UNIT OVER FOR OCCUPANCY. 74% OF OUR TENANTS HAVE LIVED IN OUR HOUSING FOR 2 YEARS OR LONGER. 85% OF OUR TENANTS HAVE A SOURCE OF INCOME AND 6% ARE EMPLOYED.  4b (Coos)   (pergeness) 9,935,24%. moleculargament of 8 8,649,951.) (min.was) 49,357.) ADMINISTER RENTAL SURSIDY PROGRAMS THAT PROVIDED HOUSING FOR OVER 2,450 INDIVIDUALS AND FAMILIES WHO ARE VERY LOW INCOME, HOMELESS OR AT RISK OF HOMELESSNESS, AND WHO ARE DISABLED OR HAVE SPECIAL NEEDS. 80% OF OUR PARTICIPANTS WERE HOUSED 1 YEAR OR LONGE. THROUGH OUR PROGRAMS.  96% OF PARTICIPANTS WERE HOUSED 1 YEAR OR LONGER AND 56% WERE HOUSED 5 YEARS OR LONGER. ONLY 5-10% OF PARTICIPANTS WHOSE ASSITANCE WAS TERMINATED WERE FOR NEGATIVE REASONS. MOST WENT ON TO OTHER PERMANENT HOUSING OPTIONS OR INCREASED INCOME AND BECAME INELIGIBLE FOR OUR PROGRAMS.  4c (Coos)   (Personness) 111,349. molecular grants of 9 No.) (Personness)   (Personness)	40	
OR AT RISK OF HOMELESSNESS, WHO ARE DISABLED OR HAVE SPECIAL NESDS, AND WHO HAVE LOW INCOME. EDEN SERVED 70 CONSUMERS DURING THE FISCAL YEAR. EDEN HAS MAINTAINED 95% RENT COLLECTION AND OCCUPANCY STANDARDS. WE HAVE DECREASED THE AMOUNT OF TIME IT TAKES TO TURN A UNIT OVER FOR OCCUPANCY. 74% OF OUR TEHANTS HAVE LIVED IN OUR HOUSING FOR 2 YEARS OR LONGER. 85% OF GUR TENANTS HAVE A SOURCE OF INCOME AND 6% ARE EMPLOYED.  4b (coos )(Emperance 9,935,248. embluding grants of 5 8,649,951.) (Honomous FOR OVER 2,450 INDIVIDUALS AND FAMILIES WHO ARE VERY LOW INCOME, HOMELESS OR AT RISK OF HOMELESSNESS, AND WHO ARE VERY LOW INCOME, HOMELESS OR AT RISK OF HOMELESSNESS, AND WHO ARE DISABLED OR HAVE SPECIAL NEEDS. 80% OF PARTICIPANTS INCREASED OR MAINTAINED INCOME. THROUGH CUR PROGRAMS, 96% OF PARTICIPANTS WERE HOUSED 1 YEAR OR LONGER AND 56% WERE HOUSED 5 YEARS OR LONGER. ONLY 5-10% OF PARTICIPANTS WHOSE ASSITANCE WAS TERMINATED WERE FOR NEGATIVE REASONS. MOST WENT ON TO OTHER PERMANENT HOUSING OPTIONS OR INCREASED INCOME AND BECAME INELIGIBLE FOR OUR PROGRAMS.  4c (coos )(Engenese 111,349. embluding grants of 5 ) (Parenter 5 ) (Par	48	10000 1 (Chpoliodo ) = 1 = = 1 = = 1
WHO HAVE LOW INCOME. EDEN SERVED 70 CONSUMERS DURING THE FISCAL YEAR. EDEN HAS MAINTAINED 95% RENT COLLECTION AND OCCUPANCY STANDARDS. WE HAVE DECREASED THE AMOUNT OF TIME IT TAKES TO TURN A UNIT OVER FOR OCCUPANCY. 74% OF OUR TENANTS HAVE LIVED IN OUR HOUSING FOR 2 YEARS OR LONGER. 85% OF GUR TENANTS HAVE A SOURCE OF INCOME AND 6% ARE EMPLOYED.  4b (cose) (happeneds		OF THE LOW OF HOME GOMES INC. ARE DIVIDED OF HAVE CHECKE MEEDE AND
EDEN HAS MAINTAINED 95% RINT COLLECTION AND OCCUPANCY STANDARDS. WE HAVE DRCREASED TH? AMOUNT OF TIME IT TAKES TO TURN A UNIT OVER FOR OCCUPANCY. 74% OF OUR TENANTS HAVE LIVED IN OUR HOUSING FOR 2 YEARS OR LONGER. 85% OF GUR TENANTS HAVE A SOURCE OF INCOME AND 6% ARE EMPLOYED.  4b (Come ) (tenomests 9,935,248. moduloggrenosis 8,649,951.) (Monte and 6% ARE EMPLOYED.  ADMINISTER RENTAL SUBSIDY PROGRAMS THAT PROVIDED HOUSING FOR OVER 2,450 INDIVIDUALS AND FAMILIES WHO ARE VERY LOW INCOME, HOMELESS OR AT RISK OF HOMELESSNESS, AND WHO ARE DISABLED OR HAVE SPECIAL NEEDS. 80% OF OUR PARTICIPANTS INCREASED OR MAINTAINED INCOME. THROUGH OUR PROGRAMS, 96% OF PARTICIPANTS WERE HOUSED 1 YEAR OR LONGER AND 56% WERE HOUSED 5 YEARS OR LONGER. ONLY 5-10% OF PARTICIPANTS WHOSE ASSITANCE WAS TERMINATED WERE FOR NEGATIVE REASONS. MOST WENT ON TO OTHER PERMANENT HOUSING OPTIONS OR INCREASED INCOME AND BECAME INELIGIBLE FOR OUR PROGRAMS.  4c (Come ) (Expanses 111,349. unduring grants of 8 ) (Marriant Description of 111,349. unduring grants of 8 ) (Marriant Description of 111,349. unduring grants of 8 ) (Marriant Description of 111,349. unduring grants of 8 ) (Marriant Description of 111,349. unduring grants of 8 ) (Marriant Description of 111,349. unduring grants of 8 ) (Marriant Description of 111,349. unduring grants of 8 ) (Marriant Description of 111,349. unduring grants of 8 ) (Marriant Description of 111,349. unduring grants of 8 ) (Marriant Description of 111,349. unduring grants of 8 ) (Marriant Description of 111,349. unduring grants of 8 ) (Marriant Description of 111,349. unduring grants of 8 ) (Marriant Description of 111,349. unduring grants of 8 ) (Marriant Description of 111,349. unduring grants of 8 ) (Marriant Description of 111,349. unduring grants of 8 ) (Marriant Description of 111,349. unduring grants of 8 ) (Marriant Description of 111,349. unduring grants of 8 ) (Marriant Description of 111,349. unduring grants of 8 ) (Marriant Description of 111,349. unduring grants of 8 ) (Marriant Description of 111,349. u		CR AT RISK OF HOMELESSNESS, WHO ARE DISABLED OF HAVE SPECIAL NEEDS, AND
HAVE DECREASED THE AMOUNT OF TIME IT TAKES TO TURN A UNIT OVER FOR OCCUPANCY. 74% OF OUR TENANTS HAVE LIVED IN OUR HOUSING FOR 2 YEARS OR LONGER. 65% OF OUR TENANTS HAVE A SOURCE OF INCOME AND 6% ARE EMPLOYED.  4b (Cose		
OCCUPANCY. 74% OF OUR TENANTS HAVE LIVED IN OUR HOUSING FOR 2 YEARS OR LONGER. 85% OF OUR TENANTS HAVE A SOURCE OF INCOME AND 6% ARE EMPLOYED.  4b (Coos ) (Expenses 9,935,248. modulargases of 8,649,951.) (Ministration of 1,000 or 1,000 o		ASSET TALLE STEEL
LONGER. 85% OF GUR TENANTS HAVE A SOURCE OF INCOME AND 6% ARE EMPLOYED.  4b (Coos ) (Expenses 9,935,248 metalenggents of 8,649,951 ) (Min. Ann. 1) (Min. Ann		
4b (Coos ) (Expenses 9,935,248. including grants of 8,649,951.) (Househout 49,357.)  ADMINISTER RENTAL SUBSIDY PROGRAMS THAT PROVIDED HOUSING FOR OVER 2,450 INDIVIDUALS AND FAMILIES WHO ARE VERY LOW INCOME, HOMELESS OR AT RISK OF HOMELESSNESS, AND WHO ARE DISABLED OR HAVE SPECIAL NEBDS. 80% OF OUR PARTICIPANTS INCREASED OR MAINTAINED INCOME. THROUGH OUR PROGRAMS, 96% OF PARTICIPANTS WERE HOUSED 1 YEAR OR LONGER AND 56% WERE HOUSED 5 YEARS OR LONGER. ONLY 5-10% OF PARTICIPANTS WHOSE ASSITANCE WAS TERMINATED WERE FOR NEGATIVE REASONS. MOST WENT ON TO OTHER PREMANENT HOUSING OPTIONS OR INCREASED INCOME AND BECAME INELIGIBLE FOR OUR PROGRAMS.  4c (Coos ) (Excenses 111,349. including grants of 5 PROVIDE FISCAL AND ADMINISTRATIVE SERVICES ON A CONTRACT BASIS FOR OTHER GOVERNMENT OR NONPROFIT ORGANIZATIONS.		
ADMINISTER RENTAL SURSIDY PROGRAMS THAT PROVIDED HOUSING FOR OVER 2,450 INDIVIDUALS AND FAMILIES WHO ARE VERY LOW INCOME, HOMELESS OR AT RISK OF HOMELESSNESS, AND WHO ARE DISABLED OR HAVE SPECIAL NEEDS. 80% OF OUR PARTICIPANTS INCREASED OR MAINTAINED INCOME. THROUGH OUR PROGRAMS, 96% OF PARTICIPANTS WERE HOUSED 1 YEAR OR LONGER AND 56% WERE HOUSED 5 YEARS OR LONGER. ONLY 5-10% OF PARTICIPANTS WHOSE ASSITANCE WAS TERMINATED WERE FOR NEGATIVE REASONS. MOST WENT ON TO OTHER PERMANENT HOUSING OPTIONS OR INCREASED INCOME AND BECAME INELIGIBLE FOR OUR PROGRAMS.  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.) OTHER GOVERNMENT OR NONPROFIT ORGANIZATIONS.  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  47 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  48 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)		LONGER. 85% OF OUR TENANTS HAVE A SOURCE OF INCOME AND 6% ARE EMPLOYED.
ADMINISTER RENTAL SURSIDY PROGRAMS THAT PROVIDED HOUSING FOR OVER 2,450 INDIVIDUALS AND FAMILIES WHO ARE VERY LOW INCOME, HOMELESS OR AT RISK OF HOMELESSNESS, AND WHO ARE DISABLED OR HAVE SPECIAL NEEDS. 80% OF OUR PARTICIPANTS INCREASED OR MAINTAINED INCOME. THROUGH OUR PROGRAMS, 96% OF PARTICIPANTS WERE HOUSED 1 YEAR OR LONGER AND 56% WERE HOUSED 5 YEARS OR LONGER. ONLY 5-10% OF PARTICIPANTS WHOSE ASSITANCE WAS TERMINATED WERE FOR NEGATIVE REASONS. MOST WENT ON TO OTHER PERMANENT HOUSING OPTIONS OR INCREASED INCOME AND BECAME INELIGIBLE FOR OUR PROGRAMS.  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.) OTHER GOVERNMENT OR NONPROFIT ORGANIZATIONS.  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  47 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  48 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)		
ADMINISTER RENTAL SURSIDY PROGRAMS THAT PROVIDED HOUSING FOR OVER 2,450 INDIVIDUALS AND FAMILIES WHO ARE VERY LOW INCOME, HOMELESS OR AT RISK OF HOMELESSNESS, AND WHO ARE DISABLED OR HAVE SPECIAL NEEDS. 80% OF OUR PARTICIPANTS INCREASED OR MAINTAINED INCOME. THROUGH OUR PROGRAMS, 96% OF PARTICIPANTS WERE HOUSED 1 YEAR OR LONGER AND 56% WERE HOUSED 5 YEARS OR LONGER. ONLY 5-10% OF PARTICIPANTS WHOSE ASSITANCE WAS TERMINATED WERE FOR NEGATIVE REASONS. MOST WENT ON TO OTHER PERMANENT HOUSING OPTIONS OR INCREASED INCOME AND BECAME INELIGIBLE FOR OUR PROGRAMS.  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.) OTHER GOVERNMENT OR NONPROFIT ORGANIZATIONS.  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  47 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  48 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)		
ADMINISTER RENTAL SURSIDY PROGRAMS THAT PROVIDED HOUSING FOR OVER 2,450 INDIVIDUALS AND FAMILIES WHO ARE VERY LOW INCOME, HOMELESS OR AT RISK OF HOMELESSNESS, AND WHO ARE DISABLED OR HAVE SPECIAL NEEDS. 80% OF OUR PARTICIPANTS INCREASED OR MAINTAINED INCOME. THROUGH OUR PROGRAMS, 96% OF PARTICIPANTS WERE HOUSED 1 YEAR OR LONGER AND 56% WERE HOUSED 5 YEARS OR LONGER. ONLY 5-10% OF PARTICIPANTS WHOSE ASSITANCE WAS TERMINATED WERE FOR NEGATIVE REASONS. MOST WENT ON TO OTHER PERMANENT HOUSING OPTIONS OR INCREASED INCOME AND BECAME INELIGIBLE FOR OUR PROGRAMS.  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.) OTHER GOVERNMENT OR NONPROFIT ORGANIZATIONS.  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  47 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  48 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)		**************************************
ADMINISTER RENTAL SURSIDY PROGRAMS THAT PROVIDED HOUSING FOR OVER 2,450 INDIVIDUALS AND FAMILIES WHO ARE VERY LOW INCOME, HOMELESS OR AT RISK OF HOMELESSNESS, AND WHO ARE DISABLED OR HAVE SPECIAL NEEDS. 80% OF OUR PARTICIPANTS INCREASED OR MAINTAINED INCOME. THROUGH OUR PROGRAMS, 96% OF PARTICIPANTS WERE HOUSED 1 YEAR OR LONGER AND 56% WERE HOUSED 5 YEARS OR LONGER. ONLY 5-10% OF PARTICIPANTS WHOSE ASSITANCE WAS TERMINATED WERE FOR NEGATIVE REASONS. MOST WENT ON TO OTHER PERMANENT HOUSING OPTIONS OR INCREASED INCOME AND BECAME INELIGIBLE FOR OUR PROGRAMS.  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.) OTHER GOVERNMENT OR NONPROFIT ORGANIZATIONS.  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  47 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  48 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)		
ADMINISTER RENTAL SURSIDY PROGRAMS THAT PROVIDED HOUSING FOR OVER 2,450 INDIVIDUALS AND FAMILIES WHO ARE VERY LOW INCOME, HOMELESS OR AT RISK OF HOMELESSNESS, AND WHO ARE DISABLED OR HAVE SPECIAL NEEDS. 80% OF OUR PARTICIPANTS INCREASED OR MAINTAINED INCOME. THROUGH OUR PROGRAMS, 96% OF PARTICIPANTS WERE HOUSED 1 YEAR OR LONGER AND 56% WERE HOUSED 5 YEARS OR LONGER. ONLY 5-10% OF PARTICIPANTS WHOSE ASSITANCE WAS TERMINATED WERE FOR NEGATIVE REASONS. MOST WENT ON TO OTHER PERMANENT HOUSING OPTIONS OR INCREASED INCOME AND BECAME INELIGIBLE FOR OUR PROGRAMS.  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.) OTHER GOVERNMENT OR NONPROFIT ORGANIZATIONS.  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  47 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  48 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)		
ADMINISTER RENTAL SURSIDY PROGRAMS THAT PROVIDED HOUSING FOR OVER 2,450 INDIVIDUALS AND FAMILIES WHO ARE VERY LOW INCOME, HOMELESS OR AT RISK OF HOMELESSNESS, AND WHO ARE DISABLED OR HAVE SPECIAL NEEDS. 80% OF OUR PARTICIPANTS INCREASED OR MAINTAINED INCOME. THROUGH OUR PROGRAMS, 96% OF PARTICIPANTS WERE HOUSED 1 YEAR OR LONGER AND 56% WERE HOUSED 5 YEARS OR LONGER. ONLY 5-10% OF PARTICIPANTS WHOSE ASSITANCE WAS TERMINATED WERE FOR NEGATIVE REASONS. MOST WENT ON TO OTHER PERMANENT HOUSING OPTIONS OR INCREASED INCOME AND BECAME INELIGIBLE FOR OUR PROGRAMS.  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.) OTHER GOVERNMENT OR NONPROFIT ORGANIZATIONS.  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  46 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  47 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)  48 (Code )(Expenses 111,349. moleculog grants of 8 ) (Revenue 8 0.)		/- \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
INDIVIDUALS AND FAMILIES WHO ARE VERY LOW INCOME, HOMELESS OR AT RISK OF HOMELESSNESS, AND WHO ARE DISABLED OR HAVE SPECIAL NEEDS. 80% OF OUR PARTICIPANTS INCREASED OR MAINTAINED INCOME. THROUGH OUR PROGRAMS, 96% OF PARTICIPANTS WERE HOUSED 1 YEAR OR LONGER AND 56% WERE HOUSED 5 YEARS OR LONGER. ONLY 5-10% OF PARTICIPANTS WHOSE ASSITANCE WAS TERMINATED WERE FOR NEGATIVE REASONS. MOST WENT ON TO OTHER PERMANENT HOUSING OPTIONS OR INCREASED INCOME AND BECAME INELIGIBLE FOR OUR PROGRAMS.  46 (Code )(Expenses 111,349. including grants of \$ ) (Pavenus \$ 0.) OTHER GOVERNMENT OR NONPROFIT ORGANIZATIONS.	4D	
OF HOMELESSNESS, AND WHO ARE DISABLED OR HAVE SPECIAL NEEDS. 80% OF OUR PARTICIPANTS INCREASED OR MAINTAINED INCOME. THROUGH OUR PROGRAMS, 96% OF PARTICIPANTS WERE HOUSED 1 YEAR OR LONGER AND 56% WERE HOUSED 5 YEARS OR LONGER. ONLY 5-10% OF PARTICIPANTS WHOSE ASSITANCE WAS TERMINATED WERE FOR NEGATIVE REASONS. MOST WENT ON TO OTHER PERMANENT HOUSING OPTIONS OR INCREASED INCOME AND BECAME INELIGIBLE FOR OUR PROGRAMS.  4c (Code		
OUR PARTICIPANTS INCREASED OR MAINTAINED INCOME. THROUGH OUR PROGRAMS, 96% OF PARTICIPANTS WERE HOUSED 1 YEAR OR LONGER AND 56% WERE HOUSED 5 YEARS OR LONGER. ONLY 5-10% OF PARTICIPANTS WHOSE ASSITANCE WAS TERMINATED WERE FOR NEGATIVE REASONS. MOST WENT ON TO OTHER PERMANENT HOUSING OPTIONS OR INCREASED INCOME AND BECAME INBLIGIBLE FOR OUR PROGRAMS.  4c (Code		
96% OF PARTICIPANTS WERE HOUSED 1 YEAR OR LONGER AND 56% WERE HOUSED 5 YEARS OR LONGER. ONLY 5-10% OF PARTICIPANTS WHOSE ASSITANCE WAS TERMINATED WERE FOR NEGATIVE REASONS. MOST WENT ON TO OTHER PERMANENT HOUSING OPTIONS OR INCREASED INCOME AND BECAME INELIGIBLE FOR OUR PROGRAMS.  4c (Code		
YEARS OR LONGER. ONLY 5-10% OF PARTICIPANTS WHOSE ASSITANCE WAS TERMINATED WERE FOR NEGATIVE REASONS. MOST WENT ON TO OTHER PERMANENT HOUSING OPTIONS OR INCREASED INCOME AND BECAME INELIGIBLE FOR OUR PROGRAMS.  4c (Code		
TERMINATED WERE FOR NEGATIVE REASONS. MOST WENT ON TO OTHER PERMANENT HOUSING OPTIONS OR INCREASED INCOME AND BECAME INELIGIBLE FOR OUR PROGRAMS.  4c (Code)(Expenses \$ 111,349. including grants of \$) (Revenue \$ 0.) FROVIDE FISCAL AND ADMINISTRATIVE SERVICES ON A CONTRACT BASIS FOR OTHER GOVERNMENT OR NONPROFIT ORGANIZATIONS.  4d Other program services (Describe in Schedule O) (Expenses \$		
HOUSING OPTIONS OR INCREASED INCOME AND BECAME INELIGIBLE FOR OUR PROGRAMS.  4c (Code ) (Expenses \$ 111,349. including grants of \$ ) (Revenue \$ 0.)  FROVIDE FISCAL AND ADMINISTRATIVE SERVICES ON A CONTRACT BASIS FOR OTHER GOVERNMENT OR NONPROFIT ORGANIZATIONS.  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ . )		
PROGRAMS.  4c (Code)(Expenses s		
4c (Code ) (Expenses S 111,349. including grants of S ) (Revenue S 0.) PROVIDE FISCAL AND ADMINISTRATIVE SERVICES ON A CONTRACT BASIS FOR OTHER GOVERNMENT OR NONPROFIT ORGANIZATIONS.  4d Other program services (Describe in Schedule O) (Expenses S including grants of S ) (Revenue S ) (Revenue S )		HOUSING OPTIONS OR INCREASED INCOME AND BECAME INELIGIBLE FOR OUR
PROVIDE FISCAL AND ADMINISTRATIVE SERVICES ON A CONTRACT BASIS FOR OTHER GOVERNMENT OR NONPROFIT ORGANIZATIONS.  4d Other program services (Describe in Schedule O) (Expences \$ including grants of \$ ) (Revenue \$ . )		PROGRAMS.
PROVIDE FISCAL AND ADMINISTRATIVE SERVICES ON A CONTRACT BASIS FOR OTHER GOVERNMENT OR NONPROFIT ORGANIZATIONS.  4d Other program services (Describe in Schedule O) (Expences \$ including grants of \$ ) (Revenue \$ . )		
PROVIDE FISCAL AND ADMINISTRATIVE SERVICES ON A CONTRACT BASIS FOR OTHER GOVERNMENT OR NONPROFIT ORGANIZATIONS.  4d Other program services (Describe in Schedule O) (Expences \$ including grants of \$ ) (Revenue \$ . )		
PROVIDE FISCAL AND ADMINISTRATIVE SERVICES ON A CONTRACT BASIS FOR OTHER GOVERNMENT OR NONPROFIT ORGANIZATIONS.  4d Other program services (Describe in Schedule O) (Expences \$ including grants of \$ ) (Revenue \$ . )		
PROVIDE FISCAL AND ADMINISTRATIVE SERVICES ON A CONTRACT BASIS FOR OTHER GOVERNMENT OR NONPROFIT ORGANIZATIONS.  4d Other program services (Describe in Schedule O) (Expences \$ including grants of \$ ) (Revenue \$ . )	40	(Code ) (Expenses \$ 111.349 • including grants of \$ ) (Revenue \$ 0 • )
OTHER GOVERNMENT OR NONPROFIT ORGANIZATIONS.  4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ . )	70	
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )		
(Expendes \$ including grants of \$ ) (Revenue \$ . )		WITHIN GOVERNMENT ON MONETALL ONCHARLEST TOTAL
(Expendes \$ including grants of \$ ) (Revenue \$ . )		
(Expendes \$ including grants of \$ ) (Revenue \$ . )		
(Expendes \$ including grants of \$ ) (Revenue \$ . )		
(Expendes \$ including grants of \$ ) (Revenue \$ . )		
(Expendes \$ including grants of \$ ) (Revenue \$ . )		
(Expendes \$ including grants of \$ ) (Revenue \$ . )		
(Expendes \$ including grants of \$ ) (Revenue \$ . )		
(Expendes \$ including grants of \$ ) (Revenue \$ . )		
(Expendes \$ including grants of \$ ) (Revenue \$ . )		
(Expendes \$ including grants of \$ ) (Revenue \$ . )		
(Expendes \$ including grants of \$ ) (Revenue \$ . )	<u> </u>	Other program services (Describe in Schedule O.)
10 277 620		
	40	10 377 630

Page 3

Form 990 (2013) EMERALD DEVE 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	$\vdash$
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the rax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If 'Yes, 'complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<u> </u>
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D. Part III	8		Х
9	Did the organization report an amount in Part X, line 21 for escrow or cristodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			ĺ
	If 'Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, notd assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowinents? If "Yes complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes " then complete Schedule D, Parts VI, VII, VIII IX, or X			
-	as applicable			
а	Did the organization report an amount for land buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
þ	Did the organization report an amount for investments - other securities in Part X. line 12 that is 5% or more of its total			ł
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Fart VII	11b	X	<b>-</b>
С	Did the organization report an amount for invesiments program related in Part X, line 13 that is 5% or more of its total			v
	assets reported in Part X. line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ũ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			Х
_	Part X line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	<u> </u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		<del> </del>
•	the organization's separate or consolidated manetal statements for the tax year module a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	l
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 1 11		$\vdash$
	Schedule D, Paris XI and XII	12a		х
b	Was the organization included in consciidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XI, is optional	12b	X	1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes " complete Schedule 5	13		X
•	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Ÿ.
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	145		X
15	Did the organization report on Part IX column (A), line 3 more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	er for foreign individuals? If "Yes " complete Schedu'e F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			332
46	column (A), lines 6 and 11e <sup>o</sup> if "Yes," complete Schedule G, Part I	17	$\vdash$ $\dashv$	X
18	Did the organization report more than \$15,000 total of fundra's ng event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If 'Yes,' complete Scriedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes "			Х
~n~	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(2012)
		COLLU	33U 1	ZU 1.51

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 12 If "Yes," complete Schedule!, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			_
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	L
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	İ		
	Scheaule 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	}	1	}
	last day of the year, that was issued after December 31, 2002° If "Yes," answer lines 24b through 24d and complete	1		
	Schodule K. If "No", go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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	<u> </u>	<u> </u>
	Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?	24d	ļ	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			٠.
	disqualified person during the year? If "Yes " complete Schedule L., Part i	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 FZ? if "Yes," complete			x
06	Schedule L, Part I	25b		<u>^</u>
26	Did the organization report any amount on Part X, line 5, 6 or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	26		х
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer director, trustee, key employee substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If 'Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<u> </u>		
	iristructions for applicable filing thresholds, conditions, and exceptions)			
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	285		X
	An entity of which a current or former officer director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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
3 i	End the organization liquidate, terminate, or dissolve and cease operations?			
	if 'Yes' complete Schedule Nr. Part !	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedu'e N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	l i	Ì
	sections 301 7701-2 and 301 7701-32 if "Yes," complete Schedule R, Part i	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? if 'res' complete Schedule R, Fart il, Ill, or iV, and			₹50
	Part V, line 1	34	<b> </b>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13/2	35a	<u> </u>	
Ŋ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	ا محد		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V line?	35b	<b>-</b>	
36	Section 501(c)(3) organizations. Did the organization make any mansfers to an exempt non-chantable lelated organization?  If "Yes," connolete Schedule R. Pan V, one 2.	36		Х
27	Dire the organization conduct more than 5% of its activities through an entity that is not a related organization	130		<del>  ^`</del>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule C and provide explanations in Schedule O for Part VI, lines 11b and 19°	<del>"</del>		<del></del>
	Note. All Form 990 filers are required to complete Schedule O	38	х	
				(2013)

Pai	Check if School is Countries a company or rote to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V	<del></del>		ᆜ
	Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable 1271		Yes	No
1a				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining	1 1		
С	(gambling) winnings to prize winners?	1c	х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10		
20	filed for the calendar year ending with or within the year covered by this return 2a 138			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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		Х
מ	If "Yes, ' enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		- 1	
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
Ç	If "Yes," to line 5a of 5b, did the organization file Form 8886-72	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		]	
	any contributions that were not tax deducuble as charitable contributions?	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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		_X_
	If "Yes" did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8262?	7c		х
а	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
6	Did the organization receive any funds, directly of indirectly, to pay premiums on a personal benefit contract?	7€	ı	X
f	Did the organization during the year pay premiums directly or indirectly on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_8		
9	Sponsoring organizations maintaining donor advised funds.			
э	Dio the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor or related person?	96		
10	Section 501(c)(7) organizations, Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders	. 1		
C	Gross income from other sources (Loinor ner amounts due or paid to other sources against			
100	emounts due or received from them)  Section 4047/aV4) non-exempt exerciseble truste le the executation filing Form 990 in liquiet Form 10412	122		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041?  if "Yes," enter the amount of lax-exempt interest, ecleived or accorded during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in increithan one state?	13a		
•	Note. See the instructions for additional information the organization must report on Schedule O			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans			
c:	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2013)

34-1667990

20e 6

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

	Check if Schedule O contains a response or note to any line in this Part Vi			X
Sec	tion A. Governing Body and Management		_	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	l		
b	Enter the number of voting members included in line 1a, above, who are independent 15 15	.]		
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
ġ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholoers, or			
	persons other than the governing body?	7b		X
ន	Die the organization contemporationally document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8h	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code )			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	]		
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistieplower policy?	13	Х	
14	Did the organization have a written continent 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?	1		
а	The organization's CEC, Executive Director, or top management official	15a		<u>X</u>
þ	Other officers or key employees of the organization	15b		X
	If 'Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	ļ		
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	
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		ļ '	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	166	L	X
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed DH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılah	)le	
	for cubic inspection. Indicate how you made these available. Check all that apply			
	Own website Another's wabsite X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, at	id tinai	ncial	
	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion <b>•</b>	<b>-</b>	
	IRENE COLLINS - (216) 961-9690 7812 MADISON AVE, CLEVELAND, OH 44102			
	OLD MADIBON AVE, CHEVENAND, ON 44102			

Form 990 (2013)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- ◆ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MiSC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, 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 neither the organization (A)	(B)				<b>C)</b>			(D)	(E)	(F)
Name and Title	Average	ļ		Pos	ition	i 'ran		Reportable	Reportable	Estimated
	hours per	אכנו	, unle	နေ ညမ	たいつつ	is kut	יים י	compensation	compensation	amount of
	weeк	⊢	ceran	dad	IL ECTO	r/trus	199)	from	from related	other
	(list any	nowdual trustee or gractor						the	organizations	compensation
	hours for related	5 in a	<u>ਭੂ</u>		]	Salso		organization (W-2/1099-MISC)	(W-2/1099 MISC)	from the organization
	organizations	r.L.ste	r stitutional frustee		a)	шреп		(17 27 1033 111100)		and related
	below	ign i	utton	د.	ev employed	Pst ro	ž.			organizations
	line)	יים:	r sti	JII cer	رة ۸ (	Highest rompensaled employee	រួមមេ			
(1) CARLA WILLIAMS	2.00									
BOARD MEMBER		X	L		_	<u> </u>		0.	0.	0
(2) DENNIS MORTON	2.00	]								i
BOARD MEMBER		X						0.	0.	0
(3) DONALD DALTON	2.00						İ	<u> </u>		
VICE PRESIDENT		X		Х	<u> </u>			0.	0.	0
(4) DOUGLAS SHELBY	2.00							_		_
BOARD MEMBER		X			<u>L</u>			0.	0.	0
(5) DR ELISE JANCURA	2.00									
TREASURER		X		Х	<u> </u>		ļ	0,	0.	0
(6) JOEL W WACK	2.00								_	_
BOARD MEMBER		X			<u> </u>	<u> </u>		0.	0.	0
(7) LISA MCGOVERN	2.00	]							_ '	_
SECRETARY		X		X	L.	L_		0.	0,	0
(8) MARGARET K SLIFCAK	2.00	1								
POARD MEMBER		X	_		L.	L_		0.	0.	0
(9) PATRICK CARNEY	2.00	١	1		1					_
BOARD MEMBER		Х			<u> </u>		L	0.	0.	С
(10) SUELLEN CSWALD	2.00				l			6		_
BOARD MEMBER		X			ļ	<u> </u>	_	0.	0.	0
(11) THEREST SWEENEY DEAKE	2.00	١			ľ	İ	l			,
PRESIDENT	37 50	X		X	<u> </u>	ļ		0.	υ.	0
(12) ELAINE GIMMEL	37.50	ł		₹.			l	167 420	0.	17 160
CHIEP OBERABING OFFICER	37.50	<u> </u>	_	X		├-	<u> </u>	107,439.	<u> </u>	17,168
(13) IRENE COLLINS EXECUTIVE DIRECTOR	37.30	1		X				123,460.	0.	19.981
(14) MICHELLE ENGLISH	37.50	⊢		Δ	-	-	┝	123,400.	<u> </u>	19.301
	37.30	1		Х		ĺ	ĺ	94,589.	0.	15,987
CHIEF FINANCIAL OFFICER	-	$\vdash$	<u> </u>	Δ	$\vdash$		$\vdash$	34,303.	<u> </u>	15,501
	<u> </u>	1		,		1				
		├一	$\vdash$		$\vdash$	-				
	<del></del>	1								
		<del>                                     </del>	$\vdash$	_		$\vdash$	⊢	<del> </del>		
		1								

	 Name and business address	NONE	Description of services	Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0		it not limited to those lis	sted above) who received more than	

Pa	rt VI	Statement of Reve	nue					
		Check if Schedule O conf	tains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
3rai	b	Membership dues	1b					
Am.	С	Fundraising events	1c					
git	d	Related organizations	1d					
S, imi	е	Government grants (contribut	tions) 1e	10,336,297.		1		
it s	f	All other contributions, gifts, gran	its, and					
Contributions, Gifts, Grants and Other Similar Amounts		sımılar amounts not included abo	ve 1f	499,800.				
	g	Noncash contributions included in lines	s ia-1t \$					
<u>5 2</u>	h	Total. Add lines 1a-1f		🕨	10,836,097.			
				Susiness Code				
<u>i</u>	2 a	<del>,</del>	ADMINISTRAT	531390	. 18 د <sub>.</sub> 853	868,318.		
er.	b			531390	766,002.	766,002.		
r S	c	RENTAL INCOME		531390	321 107.	321,107.		ļ
Program Service Revenue	d	OTHER PROGRAM REVENUE		900099	49 357.	49,357.		ļ
Š_	6	***************************************		<u> </u>				<b>}</b>
-	f	Ali other program service revo	erue		2 224 724			
	9			<u> </u>	2,004,784.			<del> </del>
- 1	3	Investment income (including	dividends, inter		103			100
		other similar amounts)			198.			198.
ı	4	Income from investment of ta	x exempt bond	proceeds <b>&gt;</b>				
	5	Royalties					<del></del>	
	_		(i) Real	(ii) Personal				
		Gross rents	<u> </u>	<del> </del>		į		
	b	·	<b></b>	<del> </del>				
	С.	`	L					
- 1		Net rental income or (loss)						<del> </del>
- 1	/ a	Gross amount from sales of	(i) Securities	(ii) Other				
1		assets other than inventory	<u> </u>	<del>                                     </del>				
Ï	ю	Less cost or other basis	1					
		and sales expenses	<b></b>	1				
		Gain or (loss)	L					
		Net gain or (loss)		<u>•</u>				ļ
ST.	5 8	Gross income from fundraisin						
			of					
쁍		contributions reported on line	•					
Other Reve		Part IV, line 18	a .	<del></del>				
್		Less direct expenses	d Atomorphisms	' <b> </b>				
1		Net income or (loss) from fund Gross income from gaming ad		<u> </u>	· · · · · · · · · · · · · · · · · · ·			<del> </del>
	5 4	Part IV, line 19	2070 COMMO 2			i		
i	h	Loss direct expenses						
		Net income or (loss) from gar		<u> </u>		†		
		Gress cales of inventory, less	•					
		and allowances	a	.1				
	h	Less' cost of goods sola	ŀ					
		Net income or (loss) from sale	-	<b>b</b>				
ļ		Miscellaneous Revenu		Business Code			<u> </u>	
	11 a			1				
	b							
	c							<b> </b>
	d	All other revenue						<u> </u>
		Total. Add lines 11a-11d		<b>•</b>		<u> </u>		<u> </u>
	12	Total revenue See instructions		•	12,841,079.	2,004,784.	0	198

	Check if Schedule O contains a respon-		this Part IX -		
Do i 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and	564 404	564 404		
	organizations in the United States See Part IV, line 21	564,494.	564,494.		
2	Grants and other assistance to individuals in	0 005 457	8,085,457.		
_	the United States See Part IV, line 22	8,085,457.	0,000,407.		
3	Grants and other assistance to governments,				
	organizations and individuals outside the United States. See Fart IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
•	trustees, and key employees	215,727.	184,198.	31,539.	
ô	Compensation not included above, to disqualified		· · · · · · · · · · · · · · · · · · ·		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1.084,594.	926,026.	158,568.	
3	Pension plan accounts and contributions (include				
	section 401(k) and 403(b) employer contributions)	39,854.	34,027.	5,827. 30,293.	
9	Other employee benefits	207,201.	176,908.	30,293.	
0	Payroll taxes	140,829.	120.240.	20.589.	
1	Fees for services (non-employees)				
а	Management	14,500.	14,500.	15 (6)	
þ	Legal	17,620.		17,620.	
	Accounting	48.013.		48,013.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25,	E02 226	E12 002	70 244	
	column (A) amount, list line 11g expenses on Sch O)	593,326. 299.	513,982. 255.	79,344.	
2	Advertising and promotion	226,983.	204,899.	22,084.	
3	Office expenses	440,903.	204,033.	22,004.	
4	Information technology				
5	Royalties	608,004.	597,985.	10,019.	
6	Occupancy	29,616.	27,357.	2,259.	
7 	Travel	25,0101	27,5574	8,2054	,
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
0	Conferences, conventions, and meetings	13,983.	11,939.	2,044.	
0 <del>9</del>	Interest	242,775.	208,799.	33,976.	<u>, , , , , , , , , , , , , , , , , , , </u>
1	Payments to affiliates		, , , , , , , , , , , , , , , , , , , ,		
2	Depreciation, depletion, and amortization	586,179.	574,455.	11,724.	
3	insurance	47,332.	45,8€2.	1,470.	
4	Other expenses, Itemize expenses not covered				
	acove. (List miscellaneous expenses in line 24e. if line 24e amount exceeds 10% of inc 25, column (A) arricunt list line 24e expenses on Schedule C.)				
а	ADMINISTRATIVE EXPENSE	69,271.	66,666.	2,605.	
b	TATATATATATATA	12,632.	12,632.		
С	DUES AND SUBSCRIPTIONS	8,153.	6,961.	1,192.	
d	MISC. TAX AND LICENSES	3.	7.	1.	
e	All other expenses				
5_	Total functional expenses. Add lines 1 through 24e	12,856,850.	12,377,639.	479,211.	
6	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (20

34-1667990 Page 11

Pai	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	2,138,869.	1	3,468,920
	2	Savings and temporary cash investments	1,522,098.	2	199,587
	3	Pledges and grants receivable, net	3 064 004	3	3,099,359
	4	Accounts receivable, net	3,864,824.	4	1,230,304
	5	Loans and other receivables from current and former officers, directors,			
		trustees key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ers		employees' beneficiary organizations (see instr). Complete Part II of Sch L.		6	
Assers	7	Notes and loans receivable, net		7	<u></u>
`	8	Inventories for sale or use	30 102	8	<u> </u>
	9	Prepaid expenses and deferred charges	39,103.	9	45.695
1	i0a	Lang, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 20, 979, 112.			11 551 425
		Less accumulated depreciation 10b 9,427,677.	11,742,147.	10c	11,551,435
į	11	Investments - publicly traded securities	4,761,155.	11	4,761,153
	12	Investments - other securities See Part IV, line 11	4,761,133.	12	4,761,13
	13	Investments - program-related See Part IV, line 11	<u> </u>	13	
	14	Intangible assets	100,015.	14 15	64,903
	15	Other assets See Part IV, line 11	24.168,211.	15	24,421,350
$\dashv$	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,132,493.	17	1,369,14
	17	Accounts payable and accrued expenses	1,132,433.		1,505,14.
	18	Grants payable	821,782.	18 19	1,150,624
	19	Deferred revenue	082,102.	20	3,200,02
Ì	20	Tax-exempt bond liabilities	100,015.	21	202,344
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	100,013.	21	202,34
מני	22	Loans and other pavables to current and former officers, directors, trustees			
Lidblinges		key employees, highest compensated employees, and disqualified persons	Ì	22	
2		Complete Part II of Schedule L	4,003,183.	23	4,293,122
	23	Secured mortgages and notes payable to unrelated third parties	857,179.	24	155,23
	24	Unsecured notes and loans payable to unrelated third parties	037,173.	24	155,25
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	80,151,	25	83,251
	26	,	6,994,803.	26	7,263,719
_	20	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here	0,232,0000	-20	,,,
a		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	16,984,301.	27	17,044,01
2	28	Femporarily restricted not assets	139,107.	28	113,620
5	29	Permanently restricted net assets	<u> </u>	29	= <del></del>
3	2.3	Organizations that do not follow SFAS 117 (ASC 958), check here			
-		and complete lines 30 through 34			
3	30	Capital stock or trust principal or current funds	1	30	
L I	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
2		race are capital surplus, or lains, buriding, a equipment lend			
T ASS	İ	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets of Fund Balances	32 33	Retained earnings, endowment, accumulated income, or other funds.  Total net assets or fund balances.	17,173,408.	32 33	17,157,63

	1990 (2013) EMERALD DEVELOPMENT AND ECONOMIC NETWORK	34-	-1667	990	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	, <u>.</u>				<u> </u>
	· ·					
1	Total revenue (must equal Part VIII, column (A), I-ne 12)	1		,84		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12	, 85		
3	Revenue less expenses Subtract line 2 from line 1	3				71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17	,17	3,4	<u>08.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (expiain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					_
	column (B);	10	1.7	,15	7,6	<u>37,</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part Ali	<u></u>				
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrua. Other			1 1		
	If the organization changed its method of accounting from a prior year or checked "Other" explain in Schedule	0		1 1		١
25	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis or both			1 1		
	Separate hasis Consolidated hasis Both consolidated and separate hasis					
b	Viere the organization's financial statements audited by an independent accountant?			2b	X	├
	If "Yes" check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	i,	1 1		
	consolidated basis, or both			1 1		
	Separate basis X Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,	1.1	37	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	<u> </u>
	If the organization changed either its oversight process or celection process during the tax year, explain in Sch					
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ait		Х	1
	Act and OMB Circular A-133?			За	Λ	├
ď	If "Yes " clid the organization undergo the required audit or audits? If the organization did not undergo the required	iired au	ait	_	v	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> </u>	3b	X	(2215)
				Form	99U	(2013)

10-29-13

# **SCHEDULE A**

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

EMERALD DEVELOPMENT AND ECONOMIC NETWORK

Employer identification number 34-1667990

Part I	Reason	for Public Cha	rity Status (All organiz	ations mu	st complet	e this part	) See inst	tructions	<u>_</u> _				
	<u> </u>		n because it is (For lines 1										
1 []			es or association of church					1					
2 🗀	•		70(b)(1)(A)(ıı). (Attach Sc		11000 111 00	ouon ne	(6)( / ;(/ /,(/						
3 🗔													
	•		-	n described in <b>section 170(b)(1)(A)(iii).</b> In with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name,									
4		-	roperated in conjunction	with a 1105	pital desci	1000 III <b>3</b> 0	Clion 170	ייטארי אנייאליי	ij. Line.	ine nospitai	SHalli	ie,	
. [	city, and stat		- h						t docomb				
5	-	•	e benefit of a college or ur	iiversity ov	whed or of	erated by	a governi	יווט יגויואויו	t describ	ווו ניט			
. [		<b>(b)(1)(A)(</b> (v), (Comp	te Part II ) ent or governmental unit described in <b>section 170(b)(1)(A)(v).</b>										
6 🔛		-											
7 X	J	,	ceives a substantial parti	of its supp	ort from a	governme	ntai unit d	or from the	general	public desc	ribed :	n	
	-	<b>ხ)(1)(A)(vi)</b> (Compl	· ·										
8 📙	•		section 170(b)(1)(A)(v). (	•									
9 []			ceives (ב) more than 33 1										
		•	unctions - subject to certa	•		•				-			
	income and c	inrelated business	taxable income (less sect	ion 511 ta	x) from bu	sinesses a	icquired b	y the orga	nization	after June 3	U 197	'5	
	See section	<b>509(a)(2).</b> (Complet	te Part III)										
10 📙	•	· ·	pperated exclusively to te		-								
11 📖	_	-	perated exclusively for th						•	•		or	
	more publicly	supported organiz	zations described in section	on 509(a)(1	1) or section	on 509(a)(2	) See <b>se</b> d	tion 509(a	a)(3). Ch	eck the box	that		
	describes the		g organization and comple		_								
	a L Type i		,,	pe III Fui		•				n-tunctionall	-		
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified policy.									persons off	ier tha	n		
	foundation in	anagers and other	than one or more publicly	, supporte	d organiza	itions dosc	onbed in s	ection 509	9(a)(¹) or	รอดบอก 509	/(a),(2)		
f	f If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III											,	
supporting organization, check this box													
g	Since August 17, 2006 has the organization accepted any gift or contribution from any of the following persons?												
	(i) A perso	n who directly or in	directly controls, either al	one or tog	ether with	persons o	lescribed i	ın (:i) and (	ш) below	,	Yes	No	
	the gove	erning body of the	supported organization?							119(1)			
	(ii) A family	member of a perso	on described in (i) above?							11g(:i)			
	(iii) A 35% (	controlled enuty of a person described in (i) or (ii) above?											
h	Previde the f	olicwing informatio	n about the supported or	ganizationi	s)								
(in Name	e of supported	(ii) EIN	(III) Type of organization	(iv) is the o	rganization	(v) Did yet	notify the	(vi) is		(vir) Amount	of mo:	netarv	
	anization	(, 2	(described on lines 1-9		in col. (i) listed in your longa		organization in col. lorganization in		ed in the	CJ: I			
_			above or IRC section	governing (	document?	(i) of your support?		US	?				
			(see instructions))	Yes	No	Yes	No	Yes	No				
			1			ł		{					
								1					
		İ		ŀ									
				<b>†</b>		i							
Tota!		1		1	l .	1	l	1	1	l			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990 EZ) 2013 EMERALD DEVELOPMENT AND ECONOMIC NETWORK34-1667990 Page 2

[Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received (Do not			i								
	include any "unusual grants")	21,856,633.	23,398,906.	21,953,728.	20,250,634.	10,836,097.	98,295,998.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	21,956,633.	23,398,906.	21,953,729.	20,250,634.	10,836,097.	98,295,998.					
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	6 Public support. Subtract line 5 from line 4											
	6 Public support. Subtract line 5 from line 4 98, 295, 998. Section B. Total Support											
	Calendar year (or fiscal year beginning in) ► (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013' (f) Total											
	Amounts from line 4	21 856 633,	23,398 906.	21,953,728.	20,250 634.	10,836,097.	98 295 998.					
8 Gross income from interest,												
_	dividends, payments received on											
	securities loans, rents, royalties											
	and income from similar sources 1,362. 2,195. 1,028. 302. 198. 5,											
g												
•	S Net income from unrelated business activities whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
10	or loss from the sale of capital											
	assets (Explain in Part IV)	106,589.	179,769.				286,358.					
	Total support. Add lines 7 through 10	19075051	210,1000			-	98,587,441.					
	Gross receipts from related activities,	arc (ean instruction	one)	<u>l</u>		12 12	,873 020.					
	First five years, if the Form 990 is for	•		d fourth or fifth ta	vear as a section		,					
	organization, check this box and stop	-	s mat, accord, time	J Tourist, or marta	x year as a scene	11 00 110/(0)						
Sec	ction C. Computation of Publ		rcentage	· · · · · · · · · · · · · · · · · · ·	_ <del></del>							
_	Public support percentage for 2013 (			Olumn (t))		14	99.70 %					
	Public support percentage from 2012			-12. 11 (7)		15	99.51 %					
	33 1/3% support test - 2013 If the			line 13, and line 1	14 is 33 1/3% cr n							
- 00	stop here. The organization qualifies					,	<b>▶</b> X					
h	33 1/3% support test - 2012. If the		-		line 15 is 33 1/3%	or more, check th	=					
	and stop here. The organization qual						▶□					
17.	10% -facts-and-circumstances tes		•		13, 16a or 16b a	and line 14 is 10%	or more					
.,,	and if the organization meets the fac											
	meets the "facts and-circumstances"					tri non the c gan	<b></b>					
h	10% -facts-and-circumstances tes	_			-	17a and line 15 ic	10% or					
£	more, and if the organization meets the											
	organization meets the "facts-and cir"						Box [					
1Ω	•		•									
10	Private foundation If the organization	an unu mot sneck a	DON OF THE TO, 108	, 100, 17a, 01 17C		dule A (Form 990						

# Schedule A (Form 990 or 990-EZ) 2013 EMERALD DEVELOPMENT AND ECONOMIC NETWORK34-1667990 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support	<u> </u>				·- ·- · · · · · · · · · · · · · · · · ·	
Cal	endar year (or fiscal year beginning in)	(ā) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Tota!
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusuai grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed or facilities furnished in				i		
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-				l	1	
	iness under section 513	<u> </u>					
4	Tax revenues levied for the organ-				İ	1	
	ization's benefit and either paid to	<b>.</b>					
	or expended on its behalf				-		
5	The value or services or facilities						
	fumished by a governmental unit to				i	1	
_	the organization without charge				<b>.</b>	<del> </del>	
	Total Add lines 1 through 5				<u> </u>	<u> </u>	
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons  Amounts included on lines 2 and 3 received				1		
٠	from other than disqualified persons that						i
	exceed the greater of \$5,000 or 1% or the				i		
	amount on line 13 for the year						<u> </u>
	Add lines 7a and 7b			<del> </del>	<del> </del>	<del> </del>	
	Public support (Subtractions 7c from line 6) ction B. Total Support		L	<u></u>	. <del> </del>	<u></u>	
	indar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	( <b>L</b> ) 2000	(2) 23 13		(-7-3	1	(7,111
	Gross income from interest,				1		1
	dividends, payments received on						
	secunties loans, rents iroyalties and income from similar sources				1		
ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30 1975						
	Add lines 10a and 10b						
11	iver income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on				1		
12	Other income. Do not include gain				1		
	or loss from the sale of capital assets (Explain in Part IV)						<u> </u>
13	Total support. (Ado lines 9, 10c 11, and 12)				<u></u>	<u> </u>	1
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax γear as a secti	on 501(c)(3) organi	zation,
	check this box and stop here		<u> </u>		<u> </u>	··	<u>▶∟</u>
_	ction C. Computation of Publ					1 1	
	Public support percentage for 2013 (	• • • • • • • • • • • • • • • • • • • •	•	column (f))		15	<u>%</u>
	Public support percentage from 2012					16	<u>%</u>
_	ction D. Computation of Inve		<del></del>		. 4	17	11/
	Investment income percentage for 20	•		ne io column (f))		13	<u>%</u>
	Investment income percentage from: a 33 1/3% support tests - 2013. If the			on line 14 and lin	e 15 ie moje than	<u> </u>	
1.77	more than 33 1/3%, check this box a						<b>.</b>
	c 33 1/3% support tests - 2012. If the	-	•	•	- · · ·		and
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						<b>▶</b> □
_							

Schedule A (Form 990 or 990-EZ) 2013 EMERALD DEVELOPMENT AND ECONOMIC NETWORK34-1667990 Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12  Also complete this part for any additional information (See instructions)
FORM 990, SCHEDULE A:
EMERALD DEVELOPMENT AND ECONOMIC NETWORK IS FILING A 2013
SHORT YEAR TAX RETURN.
•

### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

EMERALD DEVELOPMENT AND ECONOMIC NETWORK

Employer identification number 34-1667990

Pai		d Funds or Other Similar Funds or	Accounts.Complete if the
1 0	organization answered "Yes" to Form 990, Part IV, line		, , , , , , , , , , , , , , , , , , ,
	Organization answered 1.63 to 13m 330,1 dr. 14, me	(a) Dorior 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 v	vution that the assets held in donor advised t	funds
,	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors and donor ac		
·	for chantable purposes and not for the benefit of the donor of		
	impermissible private benefit?	donor advisor, or for any other purpose con	Yes No
Pai		anization answered 'Yes" to Forni 990, Part	
1	Purposers) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ea		cally important land area
	Protection of natural napitat	Preserration of a certified	•
	Preservation of open space	1,1000 0,1011 0 0 0,1110	
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form of a	conservation easement on the last
2	day of the tax year	og sonder viden bermiedest in the form of a	oor servator seemone or the kills
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		29
	Total acreage restricted by conservation casements		2b
b	Number of conservation easements on a certified historic stru	cture included in (a)	2c
C.	Number of conservation easements and a certained historic street.  Number of conservation easements included in (c) acquired a		
ď	Insted in the National Registe:	atter 6/17/00, and not on a historic structure	2d
3	Number of conservation easements modified, transferred, rele	eased extinguished or terminated by the ord	<u> </u>
3	year	sassa, extrigationed, or terminated by the en	gamzanen danng me tan
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
~	and section 170(n)(4)(E)(ii)?	, and a seco	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense sta	atement, and balance sheet, and
Ŭ	include, if applicable, the text of the footnote to the organizat		
	conservation easements		
Pa	t III   Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes to Form"		
	If the organization elected as permitted under SFAS 116 (AS	C 958), not to report in its revenue statemen	it and palance sheet works of art,
_	historical treasures, or other similar assets held for public exh		
	the text of the tootnote to its financial statements that describ		
b	If the organization elected ias permitted under SFAS 116 (AS		id balance sheet works of art, historical
••	treasures or other similar assets held for public exhibition, ed		
	relating to these items	·	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	if the organization received or neld works of art, historical trea	asures, or other similar assets for financial da	
_	the following amounts required to be reported under SFAS 1		•
а	Revenues included in Form 990 Part VIII line 1	, ,	<b>▶</b> \$
	Assets included in Form 990, Part X		<b>▶</b> \$

	- Call 5 5 (1 01111 0 5 0 ) = 5 1 0	DEVELOPME	NT AN	D ECO	NOMIC	NETWOF	RK 34-	1667990 Page 2		
Pa	rt III   Organizations Maintaining C	collections of A	rt, Histo	orical Tr	easures, d	or Other	Similar A	ssets(continued)		
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	it are a sigr	ificant use o	f its collection items		
	(check all that apply)		-							
а	Public exhibition	ci			harige progra	ams				
b	Scholarly research	e	٥ لـــا ٠	ther						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	y further t	he organizati	on's exemp	nt purpose in	Part XIII		
5	During the year, did the organization solicit of	r receive donations	of art, hist	torical trea	sures, or oth	er sımılar a	ssets			
	to be sold to raise funds rather than to be ma					<u></u>	<u> </u>	Yes No		
Pa	t IV Escrow and Custodial Arran	-	ete if the c	organizatio	n answered '	'Yes" to Fo	rm 990, Part	IV, line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custod	ian or other intermed	nary for co	ontribution	is or other as	sets not in	cluaed			
	on Form 990, Part X?							Yes X No		
p	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ble						
								Amount		
	Beginning balance						1c			
	Additions during the year		1d							
_	Distributions during the year		1e							
f	Ending balance	1f	X Yes No							
	2a Did the diganization include an amount on Form 996, Part X, line 21?  b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII									
	b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII									
	Elidowine it i ulius. Complete i	(a) Current year			(c) Two year		Three years b	ack (e) Four years back		
4-	Decimaling of Lagy bolomas	(a) Current year	(b) Pro	or year	(C) TWO year	S Darry (G)	Tillee years i.	dok (e) Four years back		
18	Beginning of year balance					<del>-   -</del>				
d	Contributions	~ <del></del>	·····	<del></del>						
ن م	c Net investment earnings, gains, and losses d Grants or scholarships									
a	Other expenditures for facilities									
-	· ·									
	and programs Administrative expenses							<del></del>		
,	End of year balance									
9 2	Provide the estimated percentage of the curi	rent year end hajanc	e (line 1a	column (a	)) held as	L				
a	Board designated or quasi-endowment	chi your ond balanc	%	, oolann (c	ny riola a s					
	Permanent eridowment	%								
	Temporarily restricted endowment									
ŭ	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endownier funds not in the posse		ation that	are held a	nd administe	red for the	organization			
	by				-		- 3-	Yes No		
	(i) unrelated organizations							Ca(i)		
	(ii) related organizations							3a(1)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedu	ile R?				3ხ		
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	nds				<u> </u>		
Pa	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" to Form 990	, Part IV	ine 11a S	ee Form 990	, Part X, line	9 10			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acci	มาเปลเษต	(d) Book value		
		basis (investr	nent)		(other)	depre	ciation			
1a	Land				2,576.			1,092,576.		
į.	Buildings			18,55	5,571.	8.34	1,987.	10,213,584.		
С	Leaseholo improvements									
C;	Equipment			1,33	0,965.	1,08	5,690.	245,275.		
<u>e</u>	Other							14 25 15 15		
Y + -	! Add Inac to the quabita (Column (d) must a	and Form OOA Dore	Y course	1/01 /201	(NG)			11 551 435		

	ELOPMENT AND	ECONOMIC NET	WORK 34	-1667990 Page <b>3</b>
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion Cost or end	l of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) INVESTMENT IN				···-
(B) SUBSIDIARIES	4,761,155.	COST		
(C)				
(D)				<u> </u>
(E)	-			
(F)				
(G)				
(H)				
Total (Col (b) must equal form 990, Part X, col (B) line 12.)	4,761,155.		· · · · · · · · · · · · · · · · · · ·	
Part VIII Investments - Program Related.		· · · · · · · · · · · · · · · · · · ·		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c See Form 990 Part	X line 13	
(a) Description of investment	(b) Book value			-of-year market value
(1)			***************************************	
(2)			····	
(3)		<del></del>		
				<del></del>
(4)	··			··· <del>·</del> ····
(5)			*******	
(6)				
(7)				
(8)				
(9)				
Total (Coi. (b) must equal Form 990, Part X, coi. (B) line 13.) ▶ Part !X Other Assets.		<u> </u>		
	4- F 000 D 11/ 1	114 Day Farms 000 Day	V I 15	
Complete if the organization answered "Yes"	to Form 990, Part IV, line Description	ria See Form 990, Part	x, line is	(b) Book value
<del></del>	rescubino			(o) Book value
(1)				
(2)	<u></u>			
(3)				
(4)		<del></del>		
(5)				
(6)				<del></del>
(7)				
(8)				<u></u>
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15)	<u></u>		
Part X Other Liabilities.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f See Form 990	), Part X, line 25	
1. (a) Description of riability		(b) Book value		
(1) Federal income taxes				
(2) SECURITY DEPOSITS		83,251.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	83,251.		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2013

	dule D (Form 990) 2013 EMERALD DEVELOPMENT AND EG				Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ients With Revenue per	Retur	n.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	a			
1	Total revenue, gains, and other support per audited financial statements		1	12,841,	<u>079.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1			
а	Net unrealized gains on investments	2a	_		
b	Donated services and use of facilities	2b	_		
C	Recoveries of prior year grants	2c	4	}	
d	Other (Describe in Part XIII )	2d	_		
6	Add lines 2a through 2d		2e		<u> </u>
3	Subtract line 2e from line 1		3	12,841,	<u>079.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	, ,	1	j	
a	investment expenses not included on Form 990, Part VIII, line 7p	4a	-1		
b	Other (Describe in Part XIII )	4b	4		0
Ç	Add lines 4a and 4b		4c	40 644	$\frac{0}{2\pi 2}$
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	12,841,	079.
Par	t XII Reconciliation of Expenses per Audited Financial Stater		r Kett	irn.	
	Complete it the organization answered "Yes" to Form 990, Part IV, line 12a	1	<del></del>	140 052	050
1	Total expenses and losses per audited financial statements		1	12,856.	850.
3	Amounts included on line 1 but not on Form 990 Part IX line 25	1 1		ļ	
S	Donated services and use of facilities	2a	4		
ь	Prior year adjustments	2b	-		
C	Other losses	2c	4		
d	Other (Describe in Part XIII )	2d	┨		0
e	Add lines 2a through 2d		2e	12,856,	0.
3	Subtract line 2e from line 1		3	12,000,	630.
4	Amounts included on Form 990 Part IX, line 25 but not on line 1	1 - 1	1		
а	Investment expenses not included on Form 990, Part VIII line 7b	4a	┥	ļ	
b	Other (Describe in Part XIII )	4b	┥.	}	Λ
	Add lines 4a and 4b		4c	12,856,	<u>0.</u>
			5	12,000,	030.
	t XIII Supplemental Information.	at IV Inno 1h and 2n Dort V Inno	4 Dovi	V boo 2 Fort V	
	de the descriptions required for Part II, lines 3 5, and 9, Part III, lines 1a and 4 Pa		: 4, Pan	i X, iine Z Pari X	ı
iines	2d and 4n, and Part XII, lines 2d and 4b. Also complete this part to provide any ad	editoria: it 10!!!lation			
PAF	RT IV, LINE 2B:				
EDE	EN HAS CONTRACTED WITH THE ALCOHOL, DRUG,	ADDICTION AND			
	The state of the s		-		
MEN	TAL HEALTH SERVICES BOARD OF CUYAHOGA COU	JNTY (ADAMHS) AS	A G	RANTEE	
					· ·
AGE	ENCY FOR HOUSING ASSISTANCE PROGRAM FUNDS	. UNDER THIS PRO	OGRA	M EDEN	
REC	TEIVES FUNDS MONTHLY FROM THE ADAMHS BOARD	D AND DISBURSES A	AT T	HE	
DIF	RECTION OF ADAMHS FOR RENT SUBSIDIES AND S	START-UP COSTS FO	OR A	PPROVED	
CLI	ENTS. EDEN'S RESPONSIBILITY IS TO ADMIN	ISTER THESE FUND	S AT	THE	
DII	RECTION OF ADAMHS.				
PAF	RT X, LINE 2:				
MAN	NAGEMENT OF EDEN IS REQUIRED TO DETERMINE	WHETHER A TAX			
			-		
	SITION, SUCH AS ITS TAX EXEMPT STATUS, IS	MORE LIKELY THA	N NC	T TO BE	
33205- 09-25-	13		Sche	dule D (Form 99	90) 2013

Schedule D (Form 990) 2013 EMERALD DEVELOPMENT AND ECONOMIC NETWORK 34 - 166 7990 Page 5  [Part XIII   Supplemental Information (continued)
Supplemental information (continues)
SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY. MANAGEMENT
OF EDEN IS NOT AWARE OF ANY TAX POSITIONS FOR WHICH IT IS REASONABLY
POSSIBLE THAT A SIGNIFICANT CHANGE WILL OCCUR IN THE NEXT TWELVE MONTHS.
EDEN'S FEDERAL TAX RETURNS FOR THE PRIOR THREE FISCAL YEARS REMAIN SUBJECT
TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990. Information albout Schedule I (Form 990) and its instructions is at www.rs.gov/form990.

Open to Public Inspection 2 []

Employer identification number 34-1667990 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection EMERALD DEVELOPMENT AND ECONOMIC NETWORK General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Parti

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) or government cash grant	( <b>a</b> )	(c) IRC section It applicable	(d) Amount of cash yrant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, aptraisa!, offier)	(g) Description or non cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH SERVICES INC 1744 PAYNE AVENUE							PPORTI C CLIE RENTAL
CLEVELAND, OH 41114	24-1607734	501(0)(3)	444 489.	0			ACSITANCE.
RECOVERY RESOURCES 3950 CHESTER AVENUE CLEVELAND, OH 44114	34-1211116	501(01(3)	66,313.	0.		:	PROVIDE SUPPORTIVE SERVICES TO CLIENTS RECEIVING REWIAL ASSITANCE.
,	i						
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	nd government or s listed in the ine	rganizations listed in the stable	ne line 1 table				2
8	, see the instruct	tions for Form 990.					Schedule I (Form 990) (2013)

332101 10-29-13

Page 2 (f) Description of non-cash assistance SUBSIDIES PAID TO VARIOUS REAL HOUSING FOR EDEN'S CLIENTELE. THE ASSISTANCE IS HOUSING SSTATE OWNERS TO PROVIDE 34-1667990 (e) Method of valuation (book, FMV, appraisal, other) Schedule I (Form 990) (2013) BMERALD DEVELOPMENT AND ECONOMIC NETWORK

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

Part III can be duplicated if additional space is needed. TO ENSURE THAT APPROPRIATE DOCUMENTATION IS INCLUDED WITH THE INVOICE, THE COSTS ARE ALLOWABLE UNDER THE CONTRACT, AND THAT IT HAS BEEN APPROPRIATELY Part IV Supplemental information. Provide the information (Part i, line 2, Part III, column (b), and any other additional information 0 (d) Amount of non cash assistance INVOICES RECEIVED FROM SUB-RECIPIENTS ARE CAREFULLY REVIEWED EMERALD DEVELOPMENT AND ECONOMIC NETWORK 8,085,457 (c) Amount of cash grant 2500 (b) Number or recipients (a) Type of grant or assistance PART I, LINE HOUSING SUBSIDIES APPROVED

Schedule i (Form 950) (2013)

332102 10-29-13

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ.

information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047 Open to Public Inspection

Name of the organization

EMERALD DEVELOPMENT AND ECONOMIC NETWORK

Employer identification number 34-1667990

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDEN, INC. PROVIDES, OPERATES, AND ADVOCATES FOR SAFE, DECENT,
AFFORDABLE HOUSING AND SUPPORT SERVICES FOR PERSONS LIVING WITH
DISABILITIES OR SPECIAL NEEDS WHO HAVE LOW INCOMES AND MAY BE
EXPERIENCING HOMELESSNESS.
FORM 990, PART VI. SECTION B, LINE 11:
THE ORGANIZATION'S SIGNING OFFICER SCANS THE FORM 990 FOR
COMPLETENESS PRIOR TO SIGNATURE, IN ADDITION TO RELYING UPON THE
INDEPENDENT ACCOUNTANT FOR ACCURACY.
FORM 990, PART VI, SECTION B, LINE 12C:
ANNUALLY, THE BOARD OF DIRECTORS IS PROVIDED A COPY OF THE
CONFLICT OF INTEREST POLICY. THE POLICY IS REVIEWED AND EACH BOARD MEMBER
COMPLETES A DISCLOSURE FORM. THE COMPLETED FORMS ARE REVIEWED BY THE
EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION C, LINE 19:
OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART X1, LINE 2C:
AUDIT OVERSIGHT
A FINANCE AND AUDIT COMMITTEE EXISTS FOR THE PURPOSE OF REVIEWING THE
FINANCIAL HEALTH OF THE ORGANIZATION AND DIRECTING FISCAL POLICY.

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 930, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

See separate instructions.

2013

OMB No 1545-0047

Open to Public Inspection

Employer identification number 34-1667990

Pinformation about Schedule R (Form 990) and its instructions is at www.ii. apviform990

EMERALD DEVELOPMENT AND ECONOMIC NETWORK

identification of Disregal ded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33

MERALD DEVELOPMENT AND SMERALD DEVELOPMENT AND EMERALD DEVELOPMENT AND EMERALD DEVELOPMENT AND Direct controlling ECCNOMIC NETWORK ECONOMIC NETWORK 1,473,864, ECONOMIC NETWORK 373,367, ECONOMIC NETWORK entity Identification of Related Tax Exempt Organizations Comprete if the organization answered "Yes" on Form 990, Part IV, the 34 because it had one or more related tax-exempt organizations during the tax year ε 2,029,776. End-of-year assets <u>e</u> 7.13. c 186,370. 52 405 Total income 105 ਉ Legal domicile (state or toreign country) OHIO OHIO OHIO OIHC Primary activity PARKING RENT'AL RENTAL RENTAL - 10-0296715 37-1144740 Name, address, and EiN (if applicable) 38-3721039 - 52-6789306 of disregarded entity 1970 WEST 77TH STREET LLC 2219-27 PAYNE AVENUE LLC 9830 DENISON AVENUE LUC NORTHRIDGE COMMONS LLC CLEVELAND, OH 14102 CLEVELAND, OH 44102 CLEVELAND, OH 44102 CLEVELAND, OH 44102 7812 MADISON AVENUE 7812 MADISON AVENUE 1812 MADISON AVENUE 7812 MADISON AVENUE Part II

(6)	તે .					١		1		
(6)	o izlogi trollad	t.ty?	Ñ				 		 	
	Jolinac Jolinac	9	Yes			ĺ				
(J)	Direct controlling	entity								
(e)	Public charity	status (if section	501(c)(3))							
(p)	Çe	section								
(2)	Legal dominile (state or	foreign country)								
(q)	Primary activity									
(e)	Name, address, and EIN	or related organization								

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

332161 09-12-13 LHA

53

Schedule i3 (Foi m 990) 2013

Schedule R (Form 990)

Part I\_ Continuation of Identification of Disregarded Entrties

רשונון ססוותנותפיוסון זו ויפוותניפיניסון זו באיניאליי אסיי					
(a)	(q)	(၁)	(p)	(a)	<b>(</b>
Name, address, and Elki of draegarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
EMERALD PROPERTY MANACEMENT HETWORK LLC - 33-1144740, 7512 MADISON AVENUE, CLEVELAND, OH 44102	RENTAL	онто	9	0.0	EMERALD DEVELOPMENT AND 0.ECONOMIC NETWORK

34-1667990

Page 2

Schedule R (Form 990) 2013 EMERALIO DEVELOPMENT AND ECONOMIC NETWORK

Identification of Related Organizations Taxable as a Partinership Complete if the organization answered "Yes" on Form 9:00, Part IV, line 3:1 because it had one or more related organizations treated as a partnership during the tax year PartIII

Gaiwal or Percentage managing ownership 3 Yes No 3 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ D<sub>1</sub>spropartiona.e yes No Processons Ξ Share of end-of year assets 9 Share of total Income Ξ Predominant income (related, unrelated, excluded from the under sections 512 514) <u>(0)</u> (d)
Direct controlling
entity (c)
Legal
Jomicins
(state or
foreign Primary activity 3 Name, address, and EIN of related organization <u>e</u>

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

(a)	(q)	(2)	(p)	(e)	(1)	(6)	(u)	Ξ	
Name, address and EIN	Primary activity	Legal domicile	Direct controlling	Type of entity	Sha	Share of	age Lin	Section 512(b)(13) control'ea	(13) ed
מין פופרס מיקשו יידעאוניטן		forsign	(31111)	or trust		assets		entity	إ
		country)		,				Yes	ş
								_	
								-	
332162 09-12-13		31				Sche	Schedule R (Form 990) 2013	2 (066 1	2013

Page 3

Part V Transactions With Related Organizations Complete if the organization answered "Ves" on Form 990, Part IV, line 34, 35b, or 36

Note. Complete line 1 if any entity is itsted in Parts II, III, or IV of this schedule					res	2
1 During the tax year, did the eiganization engage in any of the todowing transactions with one or more related organizations listed in Perts II-N/2	ans with one or more re	elated organizations listed	in Parts II-v?		П	
a Receipt of (i) interest (ii) annuities (iii) royalues or (iii) rent from a controlled enuity				1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<del>1</del>		
c Gift, grant, or capital contribution from related organization(s)				10		Î
d Loans or loan guarantees to or for related organization(s)				1d		
e Loans or loan guarantees by related organization(s)				<del>1</del> e		
# Dundande from related crossing(e)				*		
	,			1	Ť	
g Sale of assets to related organization(s)				Ð,	1	
h Purchase of assets from related organization(s)				부		
i Exchange of assets with related organization(s)				1i		
j Lease of facilities, equipment, or other assets to related organization(s)				-		
K Lease of facilities, equipment, or other assets from related organization(s)				¥		
l Performance of services or membership or fundraising solicitations for related organization(s)	ganization(s)			11		
m Performance of services or membership or fundraising solicitations by related organization(s)	yanızation(s)			1m		
n Sharing of facilities, equioment, mailing lists, סי כילופר assets with related organization(s)	ation(s)			1n		
o Sharing of paid employees with related organization(s)				10		
<b>p</b> Rembursement pand to related organization(s) for expenses				10		
				۶		
				7		
r Other transfer of cash or property, to related organization(s)				+		
s Other transfer of cash or property from related organization(s)				18		
2 If the answer to any of the above is "Yes" see the instructions for information on v	who must complete the	us ine, including covered	information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name ot related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ivolved		
(1)				1-		
(2)					. ,	
(6)						
(4)						
(5)						
(9)						:
332163 04.12.13	32		Schedule B (Form 990) 2013	R (Form	066	2013

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

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

(k) Jercentage ownership					Schedulo 3 (Form 990) 2013
General or Frinanaging partner?				· · · · · · · · · · · · · · · · · · ·	
Cer   Cer					a
Code V-UBI General of Percentage amount in box 20 partner? ownership (form 1965) yes No					ed of the
(h)  Olsp. opor 'uonale gallorations'  Yes No					
(g) Share of end-of-year assets					
(f) Share of tolal Income					
				<del></del>	
(e) Are all partipers scc 5/11, c)(3/2 9/13) 4) Yes No					
Predominant income paints str. (related, urnerated, excluded from tax under section 512-514) Yes No					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) (b) (c) (c) (d) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e					

Schedule R	(Form 990) 2013	EMERALD	DEVELOPMENT	AND ECONOMIC	NETWORK34-1667990	Page 5
Part VII	(Form 990) 2013 Supplemental Infor	mation				
	Provide additional inform	ation for respons	es to questions on Sche	edule R (see instructions)		
					•;	
					•	
	<del></del>					
		<del></del>		<u></u>		
-						
		,		***************************************		
	······································					.,
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
<del></del>						
					4.*	
		.,,		<u></u>		
			,,, <u>,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	····		
					<del></del>	
				<del> </del>	<del></del>	

Form 886	8 (Rev. 1-2014)						. Page 2	
	are filing for an Additional (Not Automatic) 3-Moπth Ex	xtension,	complete only Part II and check this	s box		<b>&gt;</b>	X	
	ly complete Part II if you have already been granted an							
	are filing for an Automatic 3-Month Extension, comple					٠.	•	
	Additional (Not Automatic) 3-Month E			al (no c	opies ne	eded).	<del></del>	
0 (0.00)		<del></del>	Enter filer's		<del></del>		mictions	
Type or	Name of exempt organization or other filer, see instru	ıctions	Enter inc. o				er (EIN) or	
print	The new or exempt organization or other mor, see made	2000120.			, recondition		, (E14) O	
File by the	EMERALD DEVELOPMENT AND ECO	NOMTO	NETWORK -		34-1	66799	n	
due date for	Number, street, and room or suite no. If a P.O. box, s			Social co	curity num			
filing your return. See	7812 MADISON AVE				—————	1001 (0011)	, 	
instructions.	City, town or post office, state, and ZIP code. For a fine CLEVELAND, OH 44102	oreign add	dress, see instructions.					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)		••••••		0 1	
Applicati	on	Return	Application				Return	
is For		Code	ls For	(TT P7) P2	2 20/2 1 To 100		Code	
	or Form 990-EZ	01	200 200 200 200 200 200 200 200 200 200	11. 11. 11.	11. 18. 18. 18. 18. 18. 18. 18. 18. 18.	Service Const	1.46	
Form 990	·BL	02	Form 1041-A	<del></del>			08	
	O (individual)	03	Form 4720 (other than individual)				10	
Form 990		04	Form 5227					
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069 Form 8870					
	-T (trust other than above)	Form 8870 12 natic 3-month extension on a previously filed Form 8868.						
STOPI DO		an autor	natic 3-month extension on a prev	10USIY THE	ed Form at	968.		
	IRENE COLLINS	t eres	OT FURT AND OUT 4410	^				
	toks are in the care of $\triangleright$ 7812 MADISON A	VE -						
•	one No.▶ <u>216.–961–9690</u>	- <del>-</del> 1 1-	Fax No					
	rganization does not have an office or place of busines						اسسا اعتادات	
	s for a Group Return, enter the organization's four digit	٠						
box ▶ .	. If it is for part of the group, check this box		sch a list with the names and ElNs of BER 15, 2014.	at menu	ers uie exi	erision is	IOI.	
	•		, 2013 , and ending	- DPC	21	2012		
	calendar year, or other tax year beginning te tax year entered in line 5 is for less than 12 months, or			Final		<u> 2013</u>	<del></del> '	
	Brax year entered in line 5 is for less than 12 months, concerning period	areck reas		relai i	etuiri			
	te in detail why you need the extension							
	XPAYER RESPECTFULLY REQUEST	C ADD	TOTONAL OTHE TO CA	प्रसंग	тик й	RCRCC	APV	
	FORMATION TO FILE A COMPLET				11113 14	<u>всвоо</u>	WY1	
<u> </u>	PORTATION TO FIRM & COMPRESS.	o and	ACCORNIA IAA KIIIO	LCL 1				
9a lf th	is application is for Forms 990-BL, 990-PF, 990-T, 4720	~ 6069	enter the tentative tax loss any	T	<u> </u>	<del></del>	<del></del>	
	refundable credits. See instructions.	, 0, 000,	cinal are terminated tax, 1000 tary	8a	\$		0.	
	is application is for Forms 990-PF, 990-T, 4720, or 6065	enter an	v refundable credits and estimated		<u> </u>		<del></del>	
	payments made. Include any prior year overpayment al	-	·					
	viously with Form 8868.			8b	s		0.	
	ance due. Subtract line 8b from line 8a, Include your pa	avment wi	th this form, if required, by using	-				
•	PS (Electronic Federal Tax Payment System). See instr	•		80	ŝ		0.	
			st be completed for Part II o					
Under pena	alties of perjury, I declare that I have examined this form, includ	fing accom	<u>-</u>	-	f my knowte	edge and be	elief,	
it is true, co	orrect, and complete, and that I am authorized to prepare this f	orm.						
Signature	Title >	CPA		Date				
					Form	8868 (Re	v. 1-2014)	

Form 88	68 (Rev. 1:2014)					. Page 2	
	are filing for an Additional (Not Automatic) 3-Month Ex	tension,	complete only Part II and check t	his box		<b>▶ X</b>	
	ily complete Part II if you have already been granted an a						
	are filing for an Automatic 3-Month Extension, comple					••	
	Additional (Not Automatic) 3-Month E			inal (no c	opies needed	<u>i).</u>	
	· · · · · · · · · · · · · · · · · · ·				ng number, see		
Type or	Name of exempt organization or other filer, see instru	ctions.			r identification nu		
print				',-			
File by the	EMERALD DEVELOPMENT AND ECO	NOMIC	NETWORK ·		34-1667	990	
due date for				Social se	curity number (S		
filing your return. See	7812 MADISON AVE						
instructions		neian ada	Iress, see instructions.			<del></del>	
	CLEVELAND, OH 44102	g					
	NAME OF TAXABLE PARTY O						
Enter the	Return code for the return that this application is for (file	a conara	to application for each return)			01	
Cillei ure	Hetuin code for the lettin that this application is for (the	a sopala	na abhacanou ioi eacu iamiu)			[0] 1	
Applicat	ion	Return	Application			Return	
is For	ioni	Code	Is For			Code	
Form 990 or Form 990-EZ 01 01 000 000 000 000 000 000 000 000							
Form 990-BL 02 Form 1041-A 08							
Form 4720 (Individual) 03 Form 4720 (other than individual) 09							
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						10	
	Fr (sec. 401(a) ar 400(a) a usy  Fr (trust other than above)			12			
		06	Form 8870	mánuch Cla	ul Earn 9969	12	
SIUPIU	o not complete Part II if you were not already granted IRENE COLLINS	an ayaa	hauc 3-fikaliti extension on a pr	CANDIDIA INC	d ruin ooos.	<del></del>	
# Tho b	pocks are in the care of $\triangleright$ 7812 MADISON AV	n= _ (	CLEVELAND OF AA1	<b>02</b>			
	none No. > 216-961-9690	ATZ	Fax No. ►		· · · · · · · · · · · · · · · · · · ·	····································	
		. ia tha 1 k					
	organization does not have an office or place of business is for a Group Return, enter the organization's four digit					abackthia	
	. If it is for part of the group, check this box		<del></del>				
box •			BER 15, 2014.	OI OH IN OH III	ers une extension	i is ior.	
	The state of the s			ing DEC	31, 201	2	
	calendar year, or other tax year beginning			Final		<u> </u>	
	the tax year entered in line 5 is for less than 12 months, c	neck reas	on: mida return	rmai i	etum		
	Change in accounting period						
	tte in detail why you need the extension  AXPAYER RESPECTFULLY REQUEST:	C ADD	THICKLE THE THE	y Willias	THE NECTE	CCADÝ	
	FORMATION TO FILE A COMPLET				THE MECE	DOAKI	
77	NFURMATION TO FILE A COMPLET	P WAID	ACCURATE TAX RET	UKN			
<u> </u>		6060	anter the Association for these area		·- · · · · ·	<del></del>	
	his application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069,	enter the tentauve tax, less any	ا	1	0.	
	nrefundable credits. See instructions.	\	u and medable appelits and autimates	Ba J	\$	<u></u>	
	his application is for Forms 990-PF, 990-T, 4720, or 6069	-	=				
	payments made. Include any prior year overpayment all	loweu as a	a credit and any amount paru		_	0.	
	eviously with Form 8868.		the ship forms if an entired by containing	86			
-	lance due. Subtract line 8b from line 8a. Include your pa	•	in this form, it required, by using	0-		0.	
	TPS (Electronic Federal Tax Payment System). See instru Signature and Verificat		st be completed for Part I	8c	L. <del> </del>		
Under per	alties of perjury, I declare that I have examined this form, included to prepare this form.	ing accomp		_	if my knowledge an	d belief,	
•				_ 2	_		
<u>Signature</u>	Title V	CPA		Date	F	/D 4 004 **	