

**990**

Form (Rev January 2020)

Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019****Open to Public  
Inspection**

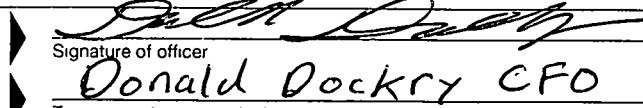
<b>A For the 2019 calendar year, or tax year beginning</b>		, 2019, and ending , 20	
<b>B Check if applicable</b>		<b>C Name of organization</b> <b>Direction Home of Eastern Ohio</b>	
<input type="checkbox"/> Address change		Doing business as	
<input type="checkbox"/> Name change		Number and street (or P O box if mail is not delivered to street address)	
<input type="checkbox"/> Initial return		Room/suite	
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> Amended return		1030 North Meridian Road	
<input type="checkbox"/> Application pending		Youngstown OH 44509	
<b>F Name and address of principal officer</b> Joseph Rossi CEO		<b>D Employer identification number</b> 34-1194060	
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <b>► (insert no.)</b> <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>E Telephone number</b> 330-505-2355	
<b>J Website:</b> ►		<b>G Gross receipts \$</b> 30,336,466	
<b>K Form of organization</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ► <b>Non profit</b>		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If "No," attach a list (see instructions)	
		<b>H(c) Group exemption number</b> ►	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>Mission Statement- Direction Home works with people, communities, and organizations to plan, prepare, and care for aging and disability through education, advocacy and implementation of services</b>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>Revenue</b>	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	162
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
	b Net unrelated business taxable income from Form 990-T, line 39	7b	
<b>Expenses</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	29,067,688	29,861,307
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,043	48,458
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8g, 9c, 10a, and 11e)	383,943	426,701
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,484,674	30,336,466
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,850,959	19,558,101
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,153,924	10,054,965
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ►		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,860,627	2,580,580
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,865,510	32,193,646
<b>Net Assets or Fund Balances</b>	19 Revenue less expenses. Subtract line 18 from line 12		
		<b>Beginning of Current Year</b>	<b>End of Year</b>
20	Total assets (Part X, line 16)	8,119,901	6,476,875
21	Total liabilities (Part X, line 26)	1,687,104	1,901,258
22	Net assets or fund balances Subtract line 21 from line 20	6,432,797	4,575,617

**Part II Signature Block**

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

<b>Sign Here</b>		6-30-2020
	Signature of officer Donald Dockry CFO	Date
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no		

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2019)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission.

**Mission Statement-** Direction Home of Eastern Ohio works with people, communities, and organizations to plan, prepare and care for aging and disability through education, advocacy and implementation of services.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 9,749,580 including grants of \$ 6,110,972) (Revenue \$ 9,749,580)  
Passport Program

Passport program served 645 seniors/clients. Services included personal care, homemaker, adult day care, and other services

For individuals who meet the medicaid guidelines for Passport Home care services are offered as an alternative to nursing home care.

4b (Code \_\_\_\_\_) (Expenses \$ 4,929,480 including grants of \$ 4,415,817) (Revenue \$ 4,929,480)  
Assisted Living Program

Assisted Living program served 645 seniors/clients

Individuals enrolled in the Assisted Living Program must be able to pay monthly room and board to the facility and medicaid pays a state ratr for the package of services for the facility offerees.

4c (Code. \_\_\_\_\_) (Expenses \$ 5,717,366 including grants of \$ 5,263,381) (Revenue \$ 5,717,366)  
Mahoning County Levy

Mahoning County served 18,933 senior/clients. Services included personal care, homemaker, chore, meals, and other services.

Clients had to be 60 years old and live in Mahoning County.

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

(Expenses \$ 9,504,006 including grants of \$ 3,767,931) (Revenue \$ 9,504,006)

4e Total program service expenses ► 29,900,432

**Part IV Checklist of Required Schedules**

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .
- 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .
- 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 . . . . .
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .
- 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .
- 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .
- 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 . . . . .
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .
- 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .
- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
  - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .
  - b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .
  - c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .
  - d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .
  - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .
  - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .
- 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .
- 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .
- 14b 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 . . . . .
- 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 . . . . .
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .
- 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .
- 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .

	Yes	No
1	✓	
2	✓	
3	✓	
4	✓	
5	✓	
6	✓	
7	✓	
8	✓	
9	✓	
10	✓	
11a	✓	
11b	✓	
11c	✓	
11d	✓	
11e	✓	
11f	✓	
12a	✓	
12b	✓	
13	✓	
14a	✓	
14b	✓	
15	✓	
16	✓	
17	✓	
18	✓	
19	✓	
20a	✓	
20b		
21	✓	

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

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a	✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	✓
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	✓
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	✓
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	✓
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	✓

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	162
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	<b>2b</b>	✓
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	
<b>4a</b>	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)? <b>b</b> If "Yes," enter the name of the foreign country ► <i>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</i>	<b>4a</b>	✓
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8866-T?	<b>5c</b>	✓
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	✓
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	✓
<b>a</b>	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?	<b>7b</b>	✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b>	✓
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7d</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7e</b>	✓
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7f</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7g</b>	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7h</b>	✓
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>8</b>	✓
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>9a</b>	✓
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>	✓
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter.	<b>10a</b>	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10b</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>11a</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:	<b>11b</b>	
<b>a</b>	Gross income from members or shareholders	<b>12a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>12b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>13a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>13b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13c</b>	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See the instructions for additional information the organization must report on Schedule O</i>	<b>14a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>14b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>15</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>15</b>	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>16</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <i>If "Yes," see instructions and file Form 4720, Schedule N</i>		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <i>If "Yes," complete Form 4720, Schedule O.</i>		

**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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	1a	16
	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 on Schedule O		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16
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	✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	✓
6	Did the organization have members or stockholders?	6	✓
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	✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	8a	✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8b	✓
a	The governing body?	9	✓
b	Each committee with authority to act on behalf of the governing body?		
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 on Schedule O		

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a	✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	✓
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	✓
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	13	✓
13	Did the organization have a written whistleblower policy?	14	✓
14	Did the organization have a written document retention and destruction policy?	15a	✓
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?	15b	✓
a	The organization's CEO, Executive Director, or top management official	16a	✓
b	Other officers or key employees of the organization	16b	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► Ohio
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 

Own website    Another's website    Upon request    Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► Donald Dockry CFO 1030 North Meridian Road 44509

**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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional trustee	Officer	Key employee			
(1) Richard Atkinson		✓					0	0	0
(2) Lois Atzemis		✓		✓			0	0	0
(3) Dwight Beebe		✓		✓			0	0	0
(4) William Binning		✓					0	0	0
(5) Janice Bolchalk		✓					0	0	0
(6) Ruth Charles		✓					0	0	0
(7) Leslie Dunlap		✓					0	0	0
(8) Kathleen Garcia		✓		✓			0	0	0
(9) James Guy		✓					0	0	0
(10) Michael Halleck		✓					0	0	0
(11) PJ Macali		✓					0	0	0
(12) John Palermo		✓					0	0	0
(13) John Reddinger		✓					0	0	0
(14) Daniel Van Dussen		✓		✓			0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
(15) Amy Weaver			✓					0	0	0
(16) Gary Williams			✓					0	0	0
(17) Joseph Rossi	40				✓			147,325	0	29,226
(18) Donald Dockry	40				✓			111,666	0	26,831
(19) Anthony Cario	40				✓			108,360	0	25,868
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>							►	367,351		81,925
<b>c Total from continuation sheets to Part VII, Section A</b>							►			
<b>d Total (add lines 1b and 1c)</b>							►	367,351		81,925
<b>2</b>	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►									

		Yes	No
3	Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	✓
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	✓
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	✓

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

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

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 ►

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>				
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>				
	<b>d</b> Related organizations . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	<b>29,861,307</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f . . .	<b>1g</b>	\$			
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . ►		<b>29,861,307</b>			
<b>Program Service Revenue</b>	<b>2a</b> -----	Business Code				
	<b>b</b> -----					
	<b>c</b> -----					
	<b>d</b> -----					
	<b>e</b> -----					
	<b>f</b> All other program service revenue . . .					
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . ►					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ►					
	<b>4</b> Income from investment of tax-exempt bond proceeds ►		<b>48,458</b>			
	<b>5</b> Royalties . . . . .	►				
	<b>6a</b> Gross rents . . .	(i) Real		(ii) Personal		
		<b>6a</b>				
		<b>6b</b>				
		<b>6c</b>				
	<b>d</b> Net rental income or (loss) . . . . . ►					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities		(ii) Other		
		<b>7a</b>				
		<b>7b</b>				
		<b>7c</b>				
	<b>b</b> Less cost or other basis and sales expenses					
	<b>c</b> Gain or (loss) . . . . .					
	<b>d</b> Net gain or (loss) . . . . . ►					
	<b>8a</b> Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>				
	<b>b</b> Less: direct expenses . . . . .	<b>8b</b>				
	<b>c</b> Net income or (loss) from fundraising events . . . ►					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>				
	<b>b</b> Less: direct expenses . . . . .	<b>9b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . ►					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>				
	<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . ►					
	<b>Miscellaneous Revenue</b>	<b>11a</b> client liability passport	Business Code			
			81,585			
		<b>b</b> client liability caresource	70,135			
		<b>c</b> crisis coordinator	56,460			
<b>d</b> All other revenue . . . . .		215,521				
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . ►		<b>426,701</b>				
<b>12</b> <b>Total revenue.</b> See instructions . . . ►	<b>30,336,466</b>					

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,558,101	19,558,101		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	367,351	0	367,351	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,720,980	5,736,904	984,076	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	361,763	283,837	77,926	
9 Other employee benefits	2,091,541	1,796,263	295,278	
10 Payroll taxes	513,330	416,285	97,045	
11 Fees for services (nonemployees)				
a Management				
b Legal	218,514	173,120	45,394	
c Accounting	26,440	19,679	6,761	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	27,468	20,846	6,622	
13 Office expenses	84,846	71,344	13,502	
14 Information technology				
15 Royalties				
16 Occupancy	351,917	268,992	82,925	
17 Travel	465,025	430,595	34,430	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	49,585	35,907	13,678	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a telephone	205,583	170,174	35,409	
b postage	30,388	24,235	6,153	
c equipment purchases	721,880	542,563	179,317	
d dues	46,278	37,235	9,043	
e All other expenses	352,656	314,352	38,304	
25 Total functional expenses. Add lines 1 through 24e	32,193,646	29,900,432	2,293,214	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	1	
	2 Savings and temporary cash investments	6,443,732	3,783,309
	3 Pledges and grants receivable, net	1,487,088	2,536,960
	4 Accounts receivable, net	4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	13,943	16,747
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a	
	b Less: accumulated depreciation	10b	10c
	11 Investments—publicly traded securities	175,138	139,859
	12 Investments—other securities. See Part IV, line 11	12	
	13 Investments—program-related. See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets. See Part IV, line 11	15	
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	8,119,901	6,476,875
Liabilities	17 Accounts payable and accrued expenses	312,040	368,924
	18 Grants payable	1,375,064	1,532,334
	19 Deferred revenue	19	
	20 Tax-exempt bond liabilities	20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	22	
	23 Secured mortgages and notes payable to unrelated third parties	23	
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	25	
	<b>26 Total liabilities.</b> Add lines 17 through 25	1,687,104	1,901,258
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here ► <input type="checkbox"/></b> and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions	6,432,797	4,575,617
	28 Net assets with donor restrictions	28	
	<b>Organizations that do not follow FASB ASC 958, check here ► <input type="checkbox"/></b> and complete lines 29 through 33.		
	29 Capital stock or trust principal, or current funds	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	30	
	31 Retained earnings, endowment, accumulated income, or other funds	31	
	32 Total net assets or fund balances	6,432,797	4,575,617
	33 Total liabilities and net assets/fund balances	8,118,901	6,476,875

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	30,336,466
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	32,193,646
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-1,857,180
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	4	6,432,797
5	Net unrealized gains (losses) on investments . . . . .	5	
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain on Schedule O) . . . . .	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	10	4,575,617

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	✓
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	✓
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O	2c	✓
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	3a	✓
		3b	✓

**SCHEDULE A**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019****Open to Public  
Inspection**

Name of the organization

Employer identification number

Direction Home of Eastern Ohio, Inc

34-1194060

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**. 07

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state.

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

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

10  An organization that normally receives: (1) more than 33⅓% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

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

12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

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

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .	19,196,497	20,850,298	27,604,371	29,067,688	29,861,307	125,580,161
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .	19,196,497	20,850,298	27,604,371	28,067,688	29,861,307	125,580,161
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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						125,580,161

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4 . . . . .	19,196,497	20,850,298	27,604,371	28,067,688	29,861,307	125,580,161
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	-5320	10,091	24,083	33,043	48,458	110,355
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	667,598	573,731	526,611	383,943	426,701	2,578,584
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						128,269,100
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	97.9 %
15 Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	15	97.6 %
<b>16a 33½% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
<b>b 33½% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						► <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%
19a <b>33 1/3% support tests—2019.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b <b>33 1/3% support tests—2018.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	►	<input type="checkbox"/>

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
2 Activities Test. <b>Answer (a) and (b) below.</b>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b	

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C—Distributable Amount</b>			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)			

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

<b>Section D—Distributions</b>		<b>Current Year</b>	
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes			
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations			
<b>4</b> Amounts paid to acquire exempt-use assets			
<b>5</b> Qualified set-aside amounts (prior IRS approval required)			
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions			
<b>7 Total annual distributions.</b> Add lines 1 through 6.			
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.			
<b>9</b> Distributable amount for 2019 from Section C, line 6			
<b>10</b> Line 8 amount divided by line 9 amount			
<b>Section E—Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in <b>Part VI</b> ) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014 . . .			
<b>b</b> From 2015 . . .			
<b>c</b> From 2016 . . .			
<b>d</b> From 2017 . . .			
<b>e</b> From 2018 . . .			
<b>f Total of lines 3a through e</b>			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions			
<b>6</b> Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016 .			
<b>c</b> Excess from 2017 . . .			
<b>d</b> Excess from 2018 . . .			
<b>e</b> Excess from 2019 . . .			

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

**SCHEDULE I**  
(Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Direction Home of Eastern Ohio, Inc.

OMB No 1545-0047

**2019**

Open to Public  
Inspection

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization	Employer identification number
Direction Home of Eastern Ohio, Inc.	34-1194060

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Access to Independence	341389369	na	93642				Personal Care
(2) Accord Home Services	400 Niles Cortland Rd SE Warren OH	201078645	na	27170			Personal Care
(3) Addus Home Care	1406 Cadiz Rd Wintersville OH	272920131	na	7705			Personal Care
(4) ADT Security Systems	9100 Market Place Broadview Hts OH	581814102	na	128485			Emergency Response
(5) Advantage Nursing Care	850 N Meridian Rd Ste A Youngstown	460676233	na	30222			Personal Care
(6) Always Best Care	527 Market St East Liverpool OH	463438450	na	265590			Personal Care
(7) Alzheimer Assoc Great East OH	70 W Streetsboro Ste 201 Hudson OH	341454446	5013c	109709			Alzheimer's Respite
(8) Aniulis Farm Market 9610	Columbian Canfield Rd Canfield OH	204877791	na	37585			Nutrition
(9) Antonine Sisters	2675 N Lipkey Rd North Jackson OH	341749370	5013c	453197			Adult Day Care
(10) Answer Care	4150 Belden Village SW Canton OH	900858468	na	149430			Personal Care
(11) Ashtabula Community Action	6920 Austinburg Rd Ashtabula OH	341059824	5013c	433568			Meals
(12) Ashtabula Cnty Commissioners	2924 Donahue Dr Ashtabula OH	341095126	na	37175			Transportation

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

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

Cat No 5005SP

Schedule I (Form 990) (2019)

**SCHEDULE I**  
(Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Direction Home of Eastern Ohio, Inc

OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

34-1194060

2

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Ashtabula County COA 3223 Lake Ave Ashtabula OH	237263183	5013c	16860				Senior Center
(2) Ashtabula Reg Home Hth 3349 Jefferson Rd POBox 1428 Ashtabula	341143158	5013c	71703				Personal Care
(3) Associated Neighborhood Ctrs 1649 Jacobs Rd Youngstown OH	340714812	5013c	8162				Transportation
(4) Austintown Healthcare Center 650 S Meridian Rd Youngstown OH	611866126	na	56248				Assisted Living
(5) Austintown Residential 5295 Ashley Circle Austintown OH	300886223	na	73175				Assisted Living
(6) Bed Bug Burners 330 Tallmadge Rd Unit F2 Kent OH	4727121037	na	54378				Pest Control
(7) Bed Bug Home Prep 1895 Basswood Dr Kent OH	371736814	na	12145				Pest Control
(8) Ben Rudick & Son 865 E Indianola Ave Youngstown OH	340501744	na	5878				Home Repair
(9) Bonnie Howe 1810 Lyndon Ave Ashtabula OH	291362865	na	9082				Personal Care
(10) Brookdale Senior Living 330 N Washbush 1400 Chicago IL	391771281	na	8382				Assisted Living
(11) Brungard Farm 4853 Middletown Rd New Middletown	341736882	na	3480				Nutrition
(12) Butch Family Farm 280 Maywood Dr Youngstown OH	207640074	na	110				Nutrition

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

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

Cat No 5055SP

Schedule I (Form 990) (2019)

**SCHEDULE I**  
(Form 990)

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

Department of the Treasury  
Internal Revenue Service  
Name of the organization

Direction Home of Eastern Ohio, Inc.

OMB No 1545-0047  
**2019**  
Open to Public  
Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

<b>Part I</b> <b>General Information on Grants and Assistance</b>		<b>Part II</b> <b>Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	
Name of the organization <b>Direction Home of Eastern Ohio, Inc.</b>		Employer identification number <b>34-1194060</b>	
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.			
<b>Part II</b> <b>Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.			
<b>1</b> <b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant
<b>(1)</b> Cambridge Home Health 1698 E State St Ste B Salem OH	<b>341772292</b>	<b>na</b>	<b>27283</b>
<b>(2)</b> Canfield Medical Group 4120 Bdmm Cnfd Rd Ste A	<b>341720015</b>	<b>na</b>	<b>31646</b>
<b>(3)</b> Care4Me 1285 E Pidgeon Rd Ste A Salem OH	<b>800757112</b>	<b>na</b>	<b>45817</b>
<b>(4)</b> Carebuilders at Home 26 E Liberty St Girard OH	<b>na</b>	<b>56314</b>	<b>Home Repair</b>
<b>(5)</b> Caring Hands 885 S Sawburg Rd Ste 107 Alliance	<b>341505330</b>	<b>na</b>	<b>5131</b>
<b>(6)</b> Caring Hearts of the Valley 333 Bobbitt Rd #242 Euclid OH	<b>462583770</b>	<b>na</b>	<b>17242</b>
<b>(7)</b> Caring Companions 7537 Mentor Ave Site 207G Springfield OH	<b>472226423</b>	<b>na</b>	<b>67497</b>
<b>(8)</b> Caretenders of Cleveland 130 HubbardChurchill Ygstin OH	<b>611306845</b>	<b>na</b>	<b>71529</b>
<b>(9)</b> CareStar 5666 Cheviot Rd Cincinnati OH 45247	<b>291362865</b>	<b>na</b>	<b>11494</b>
<b>(10)</b> Caseleo Corp dba Global Meals 2761 E 4th Ave Columbus OH	<b>311423817</b>	<b>na</b>	<b>139552</b>
<b>(11)</b> Catalpa Grove Farm 41473 St Rt 14 Columbiana OH	<b>341704377</b>	<b>na</b>	<b>5090</b>
<b>(12)</b> Catholic Charities Regional 319 W Rayen Ave Youngstown OH	<b>340714330</b>	<b>5013C</b>	<b>76117</b>
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			
<b>For Paperwork Reduction Act Notice, see the Instructions for Form 990.</b>			

Cat No 50055P

Schedule I (Form 990) (2019)

**SCHEDULE I**  
(Form 990)

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Direction Home of Eastern Ohio, Inc

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

1 (a) Name and address of organization or government	2 (b) EIN	3 (c)IRC section (if applicable)	4 (d) Amount of cash grant	5 (e) Amount of non-cash assistance	6 (f) Method of valuation (book, FMV, appraisal, other)	7 (g) Description of noncash assistance	8 (h) Purpose of grant or assistance
(1) Champion Estates/Omni One Windsor Place Warren OH	341274356	na	17309				Assisted Living
(2) Christian Revival 1514 Virginia Ave Youngstown OH		na	3840				Wellness
(3) City of Girard 100 W Main St Girard OH	346001227	na	5517				Transportation
(4) Cleveland Area Alzheimer Asso 8522 East Ave Mentor OH	341311175	na	11038				Alzheimer's
(5) Coleman Professional Services 552 N Park Ave Warren OH	341240178	na	1289				Personal Care
(6) Columbus Global Home Health 3288 Morse Rd Columbus OH	202819784	na	372804				Personal Care
(7) Comfort Keepers 805 Mahoning Ave Box 1552 Yqtn OH	311508559	na	1822568				Personal Care
(8) Comfort Keepers #458 805 Mahoning Ave Box 1552 Yqtn OH	311508559	na	2802				Personal Care
(9) Community Action Agency 7880 Lincole Place Lisbon OH	346565195	5013c	68165				Transportation
(10) Comfort Care A Van (Mirkin) 805 Mahoning Ave Box 1552 Yqtn OH	311508559	na	25419				Transportation
(11) Community Commons 1340 Mahoning Ave NW Warren OH	340899610	na	60956				Personal Care
(12) Community Home Health 60 N Canfield Niles Rd Ste500 Yqtn OH	341789552	na	26756				Personal Care

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

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

Cat No 50055P

Schedule I (Form 990) (2019)



**SCHEDULE I**  
(Form 990)

**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Department of the Treasury  
Internal Revenue Service

Name of the organization

Direction Home of Eastern Ohio, Inc

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Countryside Farmers 5586 Kennedy Rd Lowellville OH	293667982	na	2175				Nutrition
(2) Countryside at the Elmwood AL 817 Elmwood Dr Hubbard OH	461967578	na	39844				Assisted Living
(3) Critical Signal Technologies 27475 Meadowbrook Rd Novi MI	205117627	na	34050				Emergency Response
(4) Crossroad at Beaver Creek 13280 Echo Dell Rd Liverpool OH	201505947	na	82992				Assisted Living
(5) Decor Built Construction 1130 Pelican Pt The Villages FL	341635338	na	26447				Home Modification
(6) DHEO 1030 N Meridian Rd Youngstown OH	341194050	5013c	160964				Ombudsman
(7) Dillon Fruit Market 36180 Kelch Rd Lisbon OH	471254382	na	555				Nutrition
(8) Duraline Medical 324 Werner St Box 67 Leipsic OH	364057006	na	46774				Medical Equipment
(9) Easter Seal Society 299 Edwards St Youngstown OH	346004377	5013c	1569994				Meals
(10) EDJ dba Briarfield Manor 461 S Canfield Rd Austintown OH	200415171	na	71882				Assisted Living
(11) Evergreen Healthcare Services 609 Vienna Ave Niles OH	113702983	na	2508				Personal Care
(12) Family First ADC 4199 Kirk Rd Youngstown OH	820897365	na	62073				Adult Day Care

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

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

Cat No 50055P

Schedule I (Form 990) (2019)

**SCHEDULE I**  
(Form 990)

**Grants and Other Assistance to Organizations,  
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Department of the Treasury  
Internal Revenue Service

Name of the organization

Direction Home of Eastern Ohio, Inc

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Family & Community Sys 705 Oakwood St #221 Ravenna OH	341902451	5013c	16867				RSVP
(2) Ferris Farm 83 Ferris Rd New Wilmington PA	271984609	na	600				Nutrition
(3) FirstLight Home Care 4390 Mahoning Ave Yqstn OH	463053526	na	432441				Personal Care
(4) Flying High 5 Federal Plaza Youngstown OH	341749183	na	740				Nutrition
(5) Franklin Works dba Mobility 1627 3 Airport Pkwy Willoughby OH	455159373	na	12330				Minor Home Modification
(6) Full Circle Homecare 4495 Market St Ste200 Boardman OH	473085723	na	223684				Personal Care
(7) Gasper's Garden 5720 W South Range Rd Salem OH	431584235	na	425				Nutrition
(8) Ginger George Organics 10144 Dennison Ashtabula Rd Orwell OH	474012733	na	70				Nutrition
(9) Girard Multi-Generational 443 Trumbull Ave Girard OH	341937126	5013c	20070				Senior Center
(10) Grace Services 715 N Meridian Rd Youngstown OH	341304688	na	1385				Pest Control
(11) Grace Woods of Salem 1166 Benton Rd Rt 14 Salem OH	260346554	na	110170				Assisted Living
(12) Grace Woods of Niles 730 Yqstn Warren Rd Niles OH	201824940	na	256934				Assisted Living

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Cat No 50055P

Schedule I (Form 990) (2019)

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OMB No 1545-0047  
**2019**

Open to Public  
Inspection

Employer identification number

34-1194060

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

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OMB No 1545-0047

**2019**

**Open to Public  
Inspection**

Direction Home of Eastern Ohio, Inc.  
Name of the organization

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRS section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Guardian Med Monitoring 18000 W Eight Mile Rd Southfield MI	383432082	na	18680				Emergency Response
(2) Guardianship & Protective Svcs 1371 Church St Mineral Ridge OH	202115144	na	28692				Protective Services
(3) Hampton Woods, dba Woodland 1525 E Western Res Rd Poland OH	271692427	na	87964				Assisted Living
(4) Haus Cider Mill 6742 W Calla Rd Canfield OH	651258016	na	515				Nutrition
(5) Haven Home Care 11366 Cleveland Ave Site B Uniontown OH	341864840	na	7162				Personal Care
(6) Health Care Bridge 24011 Greenlawn Ave Beachwood OH	432030126	na	35049				Personal Care
(7) Hearts at Home Homecare 2415 Hubbard Rd Youngstown OH	824140117	na	25127				Personal Care
(8) Help Network of NE Ohio PO Box 46 Youngstown OH	341196630	5013c	14710				Information
(9) Heritage Home Care 1005 Franklin Ave Toronto OH	341742232	na	2371				Personal Care
(10) Home Care Advantage 718 E Third St Ste C Salem OH	341758970	na	112614				Personal Care
(11) Home Care by Callos 1375 S Main St #101 N Canton OH	471070940	na	625523				Personal Care
(12) Home Care Network 3976 A Fulton Rd NW Canton OH	3111397386	na	34021				Personal Care

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

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

Cat No 50055P

Schedule I (Form 990) (2019)

**SCHEDULE I**  
(Form 990)

**Grants and Other Assistance to Organizations,  
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Department of the Treasury  
Internal Revenue Service  
Name of the organization

Direction Home of Eastern Ohio, Inc.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Homecare with Heart 110 Debartolo Pl Youngstown OH	200618346	na	223229				Personal Care
(2) Home Products 1250 W Dorothy Ln Ste 303 Dayton	412198038	na	84861				Personal Care
(3) Horst Produce 5490 St Rt 164 Leetonia OH	291023022	na	580				Nutrition
(4) Huffman Fruit Farm 13075 Lisbon Rd Salem OH	275443647	na	2130				Nutrition
(5) Humility House 755 Ohiotown Rd Austintown OH	341894783	na	30662				Assisted Living
(6) Interfaith Home Maintenance 1005 W Rayen Ave Youngstown OH	341219024	5013c	90053				Home Repair
(7) Infinity Health Care 3149 River Glen Dr Austintburg OH	822731478	na	129114				Personal Care
(8) Inn at Ironwood 669 Ironwood Blvd Canfield OH	271254472	na	21268				Assisted Living
(9) Inn at Poland Way 6501 Poland Way Poland OH	474812791	na	10216				Assisted Living
(10) Inn at Walker Mill 8060 South Ave Youngstown OH	825283806	na	69430				Assisted Living
(11) Inner City Transit 1350 Fifth Ave Ste 106 Ygstd OH	465041330	na	184				Transportation
(12) Jacks Mountain Orchards 27645 Kettering Rd East Rochester	281505956	na	-60				Nutrition

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

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Cat No 50055P

Schedule I (Form 990) (2019)

**SCHEDULE I**  
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**Grants and Other Assistance to Organizations,  
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Department of the Treasury  
Internal Revenue Service  
Name of the organization

Direction Home of Eastern Ohio, Inc

Open to Public  
Inspection

Employer identification number

34-1194060

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OMB No 1545-0047  
**2019**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	2 (b) EIN	3 (c) IRC section (if applicable)	4 (d) Amount of cash grant	5 (e) Amount of non-cash assistance	6 (f) Method of valuation (book, FMV, appraisal, other)	7 (g) Description of noncash assistance	8 (h) Purpose of grant or assistance
(1) James Natural Products 1760 Depot Rd Salem OH	281861104	na	290				Nutrition
(2) JoshBarb dba Community Care 888 BdmmCanfd Rd Ste D Bdmm OH	205563902	na	349707				Personal Care
(3) Kristoph's Lawn Care 201 Beachwood Dr Youngstown OH		na	40420				Chore
(4) KSMS dba Clearview Lantern 596 Champion Ave W Warrin OH	352489758	na	93482				Assisted Living
(5) La La Love Healthcare 176 12th St Campbell OH	463643113	na	285215				Personal Care
(6) Lantern of Saybrook 3720 N Ridge W Ashtabula OH	4738669957	na	346674				Assisted Living
(7) Legal Aid of Cleveland 1223 W Sixth St Cleveland OH	340865026	5013c	13819				Legal Services
(8) Legacy Visiting Health Services 3560 Starr Centre Dr #A Canfield OH	454907311	na	2820				Personal Care
(9) Lifeline 111 Lawrence St MS-29 Framingham MA	311256947	na	25163				Emergency Response
(10) Loving Hands Homecare 2012 North Rd SE Warren OH	822541892	na	51893				Personal Care
(11) M&J Roofing 3862 Cumberland Dr Austintown OH							Home Modification
(12) Marian Living Center 9800 Market St North Lima OH	341013695	na	117320				Assisted Living

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

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Cat No 50055P

Schedule I (Form 990) (2019)



**SCHEDULE I**  
(Form 990)

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Department of the Treasury  
Internal Revenue Service  
Name of the organization

Direction Home of Eastern Ohio, Inc.  
Inc.

Employer identification number

34-1194060

OMB No 1545-0047  
**2019**

Open to Public  
Inspection

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**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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(1) Navigroup Vent dba Villa at Lake 48 Parrish Rd Conneaut OH	312621969	na	285358				Assisted Living
(2) New Leaf Residential 25 N Canfield Niles Rd Ste140 Aust	200308078	na	86036				Personal Care
(3) NE Professional Home 1177 S Main St North Canton OH	341867253	na	2887				Personal Care
(4) Ohio Living Home Health 1110 Fifth Ave Youngstown OH	344429863	na	70912				Personal Care
(5) Ohio Preb dba Park Vista 1216 Fifth Ave Youngstown OH	344429863	5013c	81219				Adult Day Care
(6) Ohio Preb dba Ohio Living Lake 303 N Mecca St Cortland OH	344429863	na	15620				Assisted Living
(7) Ohio Valley Home Health Sys PO Box 80 East Liverpool OH	341014198	5013c	36096				Personal Care
(8) Omni West dba Liberty Arms 1353 Churchill Hubbard Rd Ygrtn OH	341571472	na	119209				Assisted Living
(9) Omni West Assisted Living 3259 Vestal Rd Youngstown OH	341571472	na	227549				Assisted Living
(10) Omni Manor dba Windsor Est 1240 Windsor Way NMiddleton OH	341274356	na	174973				Assisted Living
(11) Orion Austnburg 2026 SR45 Austnburg OH	260240140	na	238103				Assisted Living
(12) Over the Rainbow 110 Windsor Cortland OH	311500314	na	296759				Adult Day Care

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

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Cat No 50055P

Schedule I (Form 990) (2019)

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(Form 990)

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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(1) Patricia Caskey 512 Pennline Rd Pierpont OH	281784746	na	13132				Personal Care
(2) Peace & Serenity Home Health 25 N Canfield Niles Rd Ste 140 Aust	200308078	na	15049				Personal Care
(3) Peace Valley Orchards 5667 Adams Rd Rogers OH	341168558	na	1000				Nutrition
(4) Phillips Healthcare dba Caring 1577 Woodland St NE Warren OH	454803395	na	23761				Nutrition
(5) Priority Home Health 2904 N Ridge Rd Perry OH	341594309	na	308351				Personal Care
(6) Purfoods dba Moms Meals 3210 SE 72nd St Ankeny IA	412096639	na	1510143				Meals
(7) Randy's Raising 50462 Calcutta Smith Ferry Rd Calcutta OH	341769106	na	2555				Nutrition
(8) Real Care Home Care 29 Jackson St Hubbard OH	461371760	na	544010				Personal Care
(9) Red Basket Farm 6311 Mayborn Barclay Rd Kinsman	452061711	na	540				Nutrition
(10) Sacred Arms 907 SR 46 Columbiana OH	341955908	na	74443				Personal Care
(11) Salem VNA 718 E Third St Ste A Salem OH	340709901	na	38653				Personal Care
(12) Sanctuary of Geneva 200 Commerce Place Geneva OH	341971153	na	129974				Assisted Living

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Schedule I (Form 990) (2019)

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**SCHEDULE I**  
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(1) Sanctuary Skilled 925 E 26th St Ashtabula OH	260342533	na	18947				Personal Care
(2) Schenley Mgt Inn at Christine 3150 S Schenley Ave Ygstn OH	341893248	na	22109				Assisted Living
(3) Scope 220 W Market St Warren OH	340938370	na	70				
(4) Seeley Medical 104 Parker Dr PO Box 69 Andover	341220431	na	24816				Medical Equipment
(5) Shepherd of the Valley 1500 McKinley Ave Niles OH	341147594	na	89724				Assisted Living
(6) Simply EZ HDM NE Ohio 1130 A Demar Dr Akron OH	261666185	na	350171				Meals
(7) Sleepy Hollow Farm 3730 Hallock Young Rd Newton Falls	300386882	na	150				Nutrition
(8) Stahl's Farm Market 19436 N Benton Rd N Benton OH	341617637	na	1585				Nutrition
(9) Stouffers Farm Market 34433 State Rt 172 Lisbon OH	271549747	na	520				Transportation
(10) TCAP 1230 Palmyra Rd Warren OH	340967140	5013C	20959				
(11) 3D's Produce Farm 1605 Mohawk School Rd Edinburg PA	300526355	na	210				Nutrition
(12) Trumbull Cnty Commissioner 160 High St NW Warren OH	346002841	na	461624				Meals

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► Schedule I (Form 990) (2019)

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Cat No 50055P

►

►

OMB No 1545-0047  
**2019**

Open to Public  
Inspection

Employer identification number

34-1194060

**SCHEDULE I**  
(Form 990)

**Grants and Other Assistance to Organizations,  
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Department of the Treasury  
Internal Revenue Service

Name of the organization

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(1) T/C Home Health Care 602 Yo Poland Rd Youngstown OH	743140459	na	144752				Personal Care
(2) Valley Home Health 755 Bdmm Cnfd Rd Ste N1 Bdmm OH	731721721	na	95				Personal Care
(3) VanPelt Farm Market 39963 St Rt 14 Salem OH	471473927	na	13610				Nutrition
(4) Village of Jefferson 25 E Jefferson St Jefferson OH	346001508	na	3054				Transportation
(5) Visiting Social Workers 256 Washburn Rd Tallmadge OH	201412052	na	803				Personal Care
(6) VRI 1400 Commerce Center Dr Franklin	311274364	na	158449				Emergency Response
(7) Western Reserve 4076 Youngstown Rd SE Warren OH	311254105	na	2756				Information
(8) Western Reserve Catering 12621 Chillicothe Rd Chesterland OH	043696982	na	125015				Meals
(9) Whitehouse Fruit Farm 9249 Youngstown Salem Rd Canfield	341010534	na	18395				Nutrition
(10) YAJF dba Heritage Manor 517 Gypsy Ln Youngstown OH	340714442	na	80814				Personal Care
(11) Youngstown BG Opco dba Canf 2300 Canfield Rd Youngstown OH	813240597	na	34351				Assisted Living
(12) Youngstown Contracting 1909 Twin Oaks Dr Girard OH	341043234	na	68366				Home Repair

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

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

## **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.**

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2019

**Open to Public  
Inspection**

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**Name of the organization**

**Employer identification number**

34-1194060

## Direction Home of Eastern Ohio

**Part III Other Services provided by agencies funded by DHEO include Title III-B, III-C, III-D, III-E, Senior Community Services, Providing**

personal care, homemaker, transportation, senior centers. Grants were made to Alzheimer's and National Service Corps

Part VI line 11b Copy of tax return is available to Board Members who request a copy.

**Part VI line 12c Employees and Board Members complete a Conflict of Interest form at least annually.**

**Part VI line 15b Board of Trustees review salary compensation of CEO annually**

Part VI line 19 Documents made available upon request.

Part VII column B Board meets once a month except August.