All Copy

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2018
Open to Public

A F	or th	e 201	8 calendar year, or tax year beginning , 2018	, and endin	g		, 2	20		
B c	heck if ap	oplicable:	C Name of organization OHIO COALITION FOR THE EDUCATION OF CHILDREN WITH DISABILITIES			D Employer ide	entification nu	mber		
	Addre		Doing Business As			31-0932	170			
	┪ `	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone nu	umber			
	Initial	return	165 WEST CENTER STREET	302 (740) 382-5452						
	Term	inated	City or town, state or province, country, and ZIP or foreign postal code							
	Amer returr		MARION, OH 43302			G Gross receipt	s \$ 2	,150	,775.	
	Applio pendi		F Name and address of principal officer: LEE ANN DERUGEN			H(a) Is this a grousubordinates	p return for	Yes	X No	
			165 W. CENTER STREET STE. 302, MARION, OH 4	3302		H(b) Are all subordi	nates included?	Yes	No	
		empt st	(or 527	7	If "No," attac	h a list. (see instr	uctions)		
			WWW.OCECD.ORG			H(c) Group exemp				
			nization: X Corporation Trust Association Other	L Year of	format	ion: 1974 M	State of legal of	lomicile:	ОН	
P	art I		mmary	ים מווח מח	חנומא	TION OF D	TCADIED			
•	1		y describe the organization's mission or most significant activities: ${\tt PROMO^{\prime}}$ LDREN BY PROVIDING INFORMATION, SUPPORT AND A							
ä			ENT NETWORKS & ORGANIZATIONS, DISTRICT PERSON				<u>'</u>			
erne	2		k this box if the organization discontinued its operations or dispose							
Governance	3		per of voting members of the governing body (Part VI, line 1a)				3		11.	
∞ ∞	4	Numb	per of independent voting members of the governing body (Part VI, line 1b)				4		9.	
Activities &	5		number of individuals employed in calendar year 2018 (Part V, line 2a)				5		25.	
ξΞ	6		number of volunteers (estimate if necessary)				6		50.	
Ac	7a	Total	unrelated business revenue from Part VIII, column (C), line 12				7a		0	
			nrelated business taxable income from Form 990-T, line 34				7b		0	
						Prior Year	Cu	rrent Ye	ar	
Ф	8	Contr	ibutions and grants (Part VIII, line 1h)			2,255,90	7.	2,118	,305	
eun	9	Progr	am service revenue (Part VIII line 2g)	Y FOR NSPECTION		2,40	0.	1	,087	
Revenue	10	Invest	tment income (Part VIII, column (A), lines 3, 4, and 7d)			20,29		31	,147	
_	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			13			236	
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .			2,278,73		2,150		
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)				0.		0	
	14		its paid to or for members (Part IX, column (A), line 4)			1,549,70		1,620		
Expenses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			1,349,70	0.	1,020	,000	
ben			ssional fundraising fees (Part IX, column (A), line 11e) fundraising expenses (Part IX, column (D), line 25) 5,930				0.			
Ĕ	l		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·		423,26	2.	446	,350	
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,972,96		2,066		
	19		nue less expenses. Subtract line 18 from line 12			305,77		-	,339	
e o					Begin	ning of Current Y	ear En	d of Yea		
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			2,170,21	4.	2,269	,608	
ASS	21	Total	liabilities (Part X, line 26)			112,64	6.	145	,408	
<u> 공</u> 론	22		ssets or fund balances. Subtract line 21 from line 20			2,057,56	8.	2,124	,200	
Pa	rt II	Si	gnature Block							
			of perjury, I declare that I have examined this return, including accompanying sched complete. Declaration of preparer (other than officer) is based on all information of whi				my knowledg	e and be	lief, it is	
Sig			Signature of officer			Date				
He	re									
			Type or print name and title							
Paic			Type preparer's name Preparer's signature	Date		Check	if PTIN			
	oarer	JOR	DAN L KELLER, CPA			self-employe				
	Only		s name HW&CO				34-16631			
	. 41- '		saddress > 23240 CHAGRIN BLVD., SUITE 700 CLEVELAND, OH 44122-5450				216-831-			
way	tne l	KS dis	cuss this return with the preparer shown above? (see instructions)				X X	Yes	No	

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For Paperwork Reduction Act Notice, see the separate instructions.

Г			a response or note t		ırt III	X
1	Briefly describe the c			o arry line in this r a		
				ANCE TO INDI	VIDUAL FAMILIES,	
	PARENT NETWORK					
	UNIVERSITIES.	ADDRESSING TH	HE INDIVIDUAL N	EEDS OF EACH	PERSON TO	
	PROMOTE THE ED	UCATION OF D	SABLED CHILDRE	IN.		
2	Did the organization	undertake any sig	nificant program ser	vices during the y	ear which were not listed on th	ne
	If "Yes," describe the	se new services or	Schedule O.			
3	_		_	_	how it conducts, any progra	
						Yes X No
4	If "Yes," describe the			ants for each of	its three largest program serv	ions as massured by
4					port the amount of grants and	
			for each program sei		port the amount of grante and	anocations to entere,
	•			·		
4a	(Code:) (Expenses \$	705,979. including	grants of \$) (Revenue \$	1,323.)
	ATTACHMENT	1				
	(Code:	\ (Evnenses \$	674 570 including	grants of \$) (Revenue \$	1
710			074,378. Including	grants or ψ) (Nevende \$\pi	/
	ATTACHMENT	<u> </u>				
_	/O- 1-) /E	2 - 1 - 12) (D	
4C			472,370. Including	grants of \$) (Revenue \$)
	ATTACHMENT	3				
_						
4d	Other program servi	ces (Describe in Sc	thedule O.) ATT	FACHMENT 4		
	· · ·	43,056. including) (Revenu	ue \$)	
	Total program service	e expenses >	1,995,983.			
JSA 8E1	020 1.000				100100	Form 990 (2018)
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Part IV **Checklist of Required Schedules** Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Χ 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 Χ "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 8 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 Χ 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Χ c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Χ 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 Χ 11d Χ 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 Χ 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 b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate Χ 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 Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ 19 Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

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Part	V 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		Х
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		Х
24 a	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
D				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	256		Х
20	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			Х
	disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			3.5
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part		, ,,,		
	Check if Schedule O contains a response or note to any line in this Part V			
	oncon a concadio o containo a response oi note to any fine in tho r art v		Yes	No
13	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 17			
	Enter the number reported in Boxe of Ferri Teoc. Enter of infect approache 11111111			
	Enter the number of Fermi V. Le meladed in mile fal. Enter of infectappingsion [1] [1]			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4.	Х	
	reportable gaming (gambling) winnings to prize winners?	1c		(0045

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 25 Statements, filed for the calendar year ending with or within the year covered by this return. . 2a X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)...... Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... **b** If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Χ 5a **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?........ Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Χ **b** If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X 7с X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 Sponsoring organizations maintaining donor advised funds. 9a 9b **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: **b** Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Χ b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Χ excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. Χ Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," complete Form 4720, Schedule O.

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

Sect	ion 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	.1		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	:		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	X
sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40.	X	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Δ.	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		X	
	rise to conflicts?	12b	Δ.	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		X	
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Δ	
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?		Х	
a	The organization's CEO, Executive Director, or top management official	15a	X	_
b	Other officers or key employees of the organization	15b	21	
4.6	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	16a		X
	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?	16b		
Sect	ion C. Disclosure	100		
	List the states with which a copy of this Form 990 is required to be filed ▶ OH,			
17 10		T (Soo	tion 5	01(0)
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	-1 (560	เเบท 5	O I (C)
	X Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	nterest	nolice	, and
	financial statements available to the public during the tax year.	1101691	POIIC)	, and
20	·	rds 🕨		
_0	State the name, address, and telephone number of the person who possesses the organization's books and reco	uu 🚩		

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(C)											
(A)	(B)	Position	(D)	(E)	(F)						

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	Form Highe emple Key e Office Instit			an tee)	(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	
(1)CATHY RUIZ	1.00								
PRESIDENT	0.	Х		Х			0.	0.	0.
(2)JACK BROWNLEY	1.00								
VICE PRESIDENT	0.	Х		Х			0.	0.	0.
(3)CHRISTINE FRANCE	1.00								
PAST PRESIDENT	0.	Х		Х			0.	0.	0.
(4)JEN FRANKLIN KEARNS	1.00								
SECRETARY	0.	Х		Х			0.	0.	0.
(5)FRANCES BAUER-MORROW	1.00								
TREASURER	0.	Х		Х			0.	0.	0.
(6)DONNA STELZER	.50								
STATEWIDE ORGANIZATION REP	0.	Х					0.	0.	0.
(7)WILLIAM BAGNOLA	.50								
PARENT REP	0.	Х					0.	0.	0.
(8)GINNY BRYAN	.50								
PARENT REP	0.	Х					0.	0.	0.
(9)MIA BUCHWALD GELLES	.50								
PARENT REP	0.	Х					0.	0.	0.
(10)MARBELLA CÁCERES	37.50								
INTERIM CO-EXEC DIR FROM 12/18	0.	Х		Х			50,145.	0.	22,033.
(11)LEE ANN DERUGEN	24.00								
INTERIM CO-EXEC DIR FROM 12/18	0.	Х		Х			59,486.	0.	8,318.
(12)MARGARET M. BURLEY	25.00								
CO-EXEC DIR THRU 7/18	0.	Х		Х			30,927.	0.	9,165.
(13)MARCIE BEERS	37.50								
EXECUTIVE DIRECTOR THRU 11/18	0.	Х		Х			70,088.	0.	11,877.
(14)									

Form **990** (2018)

JSA

Pa	rt VII Section A. Officers, Directors, Tru	stees, Ke	y Em	plo	yee	es, a	and F	lig	hest Compensat	ed Emplo	yees (co	ontinue	ed)	
	(A) Name and title	Name and title Average hours per week (list any hours for Average hours per week (list any hours for hours for				is both or/truste	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		am	(F) timated nount of other pensati	f	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		org: and	om the anizatio d related anization	d
С	Sub-total Total from continuation sheets to Part VII, Se	_						>	210,646.		0.		51,3	0.
	Total (add lines 1b and 1c)	imited to t		liste				re	210,646. eceived more than	\$100,000	0 . of		51,3	93.
	reportable compensation from the organization		<u> </u>	•									Yes	No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3		Х
4	For any individual listed on line 1a, is the sorganization and related organizations greindividual	ater than	\$15	0,0	00?	l If	"Yes	,"	complete Schedu	le J for	such	4		X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue co	mpen	satio	on f	from	any	un	related organization	on or indiv	idual	5		Х
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 addr	ress							(B) Description of se	rvices	C	(C)	ation	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0.

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Part VIII Statement of Revenue

		Check if Schedule O contains a respon	se or note to an	y line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	12,957.				
S, G	c	Fundraising events 1c					
ar /	١.	. and along oromo I I I I I I I I					
s, e	d	rtoratou organizationo I I I I I I I I	2,050,354.				
Si	e	Government grants (contributions) 1e	2,030,331.				
ber j	f	All other contributions, gifts, grants,					
₽₽		and similar amounts not included above . 1f	54,994.				
Š	g	Noncash contributions included in lines 1a-1f: \$	_				
	h	Total. Add lines 1a-1f	<u> </u>	2,118,305.			
ŭ			Business Code				
eve	2a	PROGRAM FEES	611710	1,087.	1,087.		
Š	b						
į	c						
Ser	d						
E							
gra	e						
Program Service Revenue	f	All other program service revenue		1,087.			
<u> </u>	g	Total. Add lines 2a-2f		1,007.			
	3	Investment income (including dividen		05 055			05.055
		and other similar amounts)		25,957.			25,957.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)	•	0.			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
	/ a		. ,				
		assets other than inventory 5,190.					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
	d	Net gain or (loss)		5,190.			5,190.
ø	8a	Gross income from fundraising					
Other Revenue		events (not including \$					
eve		of contributions reported on line 1c).					
ĸ		See Part IV, line 18 a	0.				
the			0.				
Ó	b c	Less: direct expenses b Net income or (loss) from fundraising events		0.			
				0.			
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a	0.				
	b	Less: direct expenses b	0.				
	С	Net income or (loss) from gaming activities.	•	0.			
	10a	Gross sales of inventory, less					
		returns and allowances a	0.				
	b	Less: cost of goods sold b	0.				
	С	Net income or (loss) from sales of inventory.		0.			
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS REVENUE	900099	236.	236.		
	b						
	C						
	d	All other revenue		236.			
	4.2	Total. Add lines 11a-11d			1 202		21 147
	12	Total revenue. See instructions.		2,150,775.	1,323.		31,147.

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 co	ntains a respoi	nse or note to any line	in this Part IX		
Do not include amounts reported on I 8b, 9b, and 10b of Part VIII.	ines 6b, 7b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic	organizations				
and domestic governments. See Part IV, lii	ne 21	0.			
2 Grants and other assistance to individuals. See Part IV, line 22		0.			
3 Grants and other assistance					
organizations, foreign governments,					
individuals. See Part IV, lines 15 and	-	0.			
4 Benefits paid to or for members		0.			
5 Compensation of current officers					
trustees, and key employees		262,039.	262,039.		
6 Compensation not included above, to					
persons (as defined under section 49					
persons described in section 4958(c)(3)(B		0.			
7 Other salaries and wages		923,621.	919,811.		3,810.
8 Pension plan accruals and contribution					
section 401(k) and 403(b) employer of	`	0.			
9 Other employee benefits	· ·	434,426.	418,792.	14,253.	1,381.
10 Payroll taxes		0.			
11 Fees for services (non-employees):					
a Management		458.		250.	208.
b Legal		0.			
c Accounting		0.			
d Lobbying		0.			
e Professional fundraising services. See Pa		0.			
f Investment management fees		0.			
g Other. (If line 11g amount exceeds 10% of	line 25, column				
(A) amount, list line 11g expenses on Schedule C		173,862.	156,932.	16,930.	
12 Advertising and promotion		0.			
13 Office expenses		56,495.	52,376.	3,997.	122.
14 Information technology		0.			
15 Royalties		0.			
16 Occupancy		30,458.	30,180.		278.
17 Travel		63,497.	63,033.	333.	131.
18 Payments of travel or entertainment					
for any federal, state, or local publi	c officials	0.	0.000	1 001	
19 Conferences, conventions, and meet	ings	9,359.	8,288.	1,071.	
20 Interest		0.			
21 Payments to affiliates		14,638.		14,638.	
22 Depreciation, depletion, and amortiz		6,088.		6,088.	
23 Insurance		0,000.		0,000.	
24 Other expenses. Itemize expenses					
above (List miscellaneous expenses in					
line 24e amount exceeds 10% of line (A) amount, list line 24e expenses on					
aTRAINING	Octricadic (3.)	55,983.	55,978.	5.	
bSUPPLIES		29,886.	28,554.	1,332.	
cMISCELLANEOUS		5,301.	20,334.	5,301.	
dCONTRIBUTIONS		3,301.		3,301.	
~		343.		545.	
e All other expenses Add lines 1	through 24s	2,066,436.	1,995,983.	64,523.	5,930.
25 Total functional expenses. Add lines 126 Joint costs. Complete this line		2,000,150.	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01,323.	3,750.
organization reported in column (B) joint costs				
from a combined educational car fundraising solicitation. Check here	. —				
following SOP 98-2 (ASC 958-720)		0.			

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Part X Balance Sheet

		Check if Schedule O contains a response of	or note	e to any line in this Pa	art X		
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			977,842.	1	983,590.
	2	Savings and temporary cash investments			924,316.	2	1,081,654.
	3	Pledges and grants receivable, net			67,723.	3	32,246.
	4	Accounts receivable, net			0.	4	0.
	5	Loans and other receivables from current and	forme	r officers, directors.			
		trustees, key employees, and highest co					
					0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified pers	ons (as	s defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
		organizations (see instructions). Complete Part II of Sche			0.	6	0.
ets	7	Notes and loans receivable, net			0.	7	0.
Assets	8	Inventories for sale or use			0.	8	0.
_	9	Prepaid expenses and deferred charges			11,673.	9	7,684.
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b	106,713.	25,618.	10c	10,979.
	11	Investments - publicly traded securities			163,042.	11	153,455.
	12	Investments - other securities. See Part IV, line 11			0.	12	0.
	13	Investments - program-related. See Part IV, line 11	١		0.	13	0.
	14	Intangible assets			0.	14	0.
	15	Other assets. See Part IV, line 11	0.	15	0.		
	16	Total assets. Add lines 1 through 15 (must equal			2,170,214.	16	2,269,608.
	17	Accounts payable and accrued expenses			81,661.	17	100,366.
	18	Grants payable			0.	18	0.
	19	Deferred revenue	30,985.	19	45,042.		
	20	Tax-exempt bond liabilities	0.	20	0.		
	21	Escrow or custodial account liability. Complete Pa	0.	21	0.		
ies	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen			0		0
<u>ia</u>		disqualified persons. Complete Part II of Schedule			0.	22	0.
_	23	Secured mortgages and notes payable to unrelat			0.	23	0.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,		l l			
		parties, and other liabilities not included on lines		' '	0.	0.5	0.
	26	of Schedule D			112,646.	25 26	145,408.
	20	Organizations that follow SFAS 117 (ASC 958),			112,010.	20	113,100.
ses		complete lines 27 through 29, and lines 33 and		K nere			
au	27	Unrestricted net assets			2,057,568.	27	2,124,200.
Fund Balances	28	Temporarily restricted net assets			0.	28	0.
pu	29	Permanently restricted net assets		<u></u>	0.	29	0.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.), chec	k here 🕨 🔛 and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building, or equ	uipmer	nt fund		31	
	32	Retained earnings, endowment, accumulated inc	ome,	or other funds		32	
Net	33	Total net assets or fund balances			2,057,568.	33	2,124,200.
_	34	Total liabilities and net assets/fund balances		<u> </u>	2,170,214.	34	2,269,608.
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. 01111 3	70 (2010)				ı u	gc 		
Part								
	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			50,7			
2	Total expenses (must equal Part IX, column (A), line 25)	2			66,4			
3	Revenue less expenses. Subtract line 2 from line 1	3			84,3	339.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,057,568				
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6				0.		
7	Investment expenses	7				0.		
8	Prior period adjustments	8				0.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		2,1	24,2	200.		
Part								
	Check if Schedule O contains a response or note to any line in this Part XII							
	·				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		ſ					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in					
	Schedule O.	•						
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were cor		ı					
	reviewed on a separate basis, consolidated basis, or both:	iipiio c	. 0.					
	Separate basis Consolidated basis Both consolidated and separate basis							
	Were the organization's financial statements audited by an independent accountant?			2b	х			
D	If "Yes," check a box below to indicate whether the financial statements for the year were aud							
	separate basis, consolidated basis, or both:	ieu c	"I a					
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for		- 1	2c	X			
	of the audit, review, or compilation of its financial statements and selection of an independent ac			20				
	If the organization changed either its oversight process or selection process during the tax year, or	explai	n in					
	Schedule O.							
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fort	n in	0-	_v			
	the Single Audit Act and OMB Circular A-133?			3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		the	3b	Х			

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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OHIO COALITION FOR THE EDUCATION OF CHILDREN WITH DISABILITIES

Employer identification number 31-0932170

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	omplet	e this pa	art.) See instructions			
		anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)			
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).			
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)			
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).			
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the		
		hospital's name, city, and st	tate:							
5		An organization operated	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in		
	_	section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local go	_			-				
7	X	An organization that norma	-	•	pport fr	om a go	vernmental unit or fro	om the general public		
		described in section 170(b)								
8		A community trust describe	-		-					
9		An agricultural research org	=			-				
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or		
		university:								
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ited to its exempt facing the second income and un	unctions - subject to on nrelated business tax	certain e able inco	exception ome (less	s, and (2) no more tha s section 511 tax) from	n 331/3 % of its		
11		An organization organized	•	•	-					
12		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	arry out the purposes		
		of one or more publicly su								
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.		
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving		
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the		
	_	supporting organization. `	-							
b	L	Type II. A supporting org	•							
		control or management of			the sam	e persor	s that control or man	age the supported		
	_	organization(s). You must	=							
С	L	Type III functionally integrated						ly integrated with,		
	_	its supported organization		•						
d	L	Type III non-functionally			-			- ' '		
		that is not functionally inte		= -	-		•	d an attentiveness		
		requirement (see instruct	•	-						
е	L	Check this box if the orga						I, Type III		
		functionally integrated, or	• •		porting o	organizat	ion.			
ı ~		nter the number of supported ovide the following information								
9		lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of		
	(1)	varie of supported organization	(II) EIN	(described on lines 1-10		ur governing	support (see	other support (see		
				above (see instructions))		ment?	instructions)	instructions)		
					Yes	No				
(A)										
(D)										
(B)										
(C)										
(D)										
(E)										
Tot	al							1		

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.)

Sec	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,394,116.	2,476,408.	1,982,436.	2,255,907.	2,118,305.	11,227,172.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,394,116.	2,476,408.	1,982,436.	2,255,907.	2,118,305.	11,227,172.
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).						0.
6	Public support. Subtract line 5 from line 4						11,227,172.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	2,394,116.	2,476,408.	1,982,436.	2,255,907.	2,118,305.	11,227,172.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,308.	11,174.	13,634.	18,345.	25,957.	85,418.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						11,312,590.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	49,210.
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup		•			I I	
14	Public support percentage for 2018 (lin		-				99.24%
15	Public support percentage from 2017					15	99.33 %
16a	331/3% support test - 2018. If the org	ganization did n	ot check the bo	x on line 13, ar	nd line 14 is 33	1/3 % or more, cl	
	box and stop here. The organization qu	•		•			
b	331/3% support test - 2017. If the org						
	this box and stop here. The organization	on qualifies as a	publicly suppor	ted organization	n		▶ □
17a	10%-facts-and-circumstances test - 2	2018. If the org	janization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization	meets the "fa	cts-and-circumst	ances" test, ch	eck this box ar	nd stop here. E	xplain in
	Part VI how the organization meets t	he "facts-and-c	ircumstances" te	est. The organi	zation qualifies	as a publicly su	upported
	organization						▶ 🔲
b	10%-facts-and-circumstances test - 2	2017. If the org	ganization did n	ot check a box	on line 13, 16	a, 16b, or 17a,	and line
	15 is 10% or more, and if the orga	anization meets	the "facts-and	l-circumstances'	" test, check th	his box and st o	op here.
	Explain in Part VI how the organization	on meets the "	facts-and-circum	nstances" test.	The organizatio	n qualifies as a	publicly
	supported organization						
18	Private foundation. If the organization	did not check a	a box on line 13,	, 16a, 16b, 17a	, or 17b, check	this box and see	
	instructions						▶ □

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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.)

	·			, <u>, , , , , , , , , , , , , , , , , , </u>	<u>'</u>	,	
	tion A. Public Support	(a) 2014	(b) 201 F	(a) 2016	(4) 2017	(a) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	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						
_	Add lines 7a and 7b						
8							
500	tion P. Total Support						
	tion B. Total Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2014	(6) 2013	(6) 2010	(u) 2017	(6) 2010	(i) Total
9 10 a	Amounts from line 6						
	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ation's first, seco	nd, third, fourth	, or fifth tax	ear as a section	1 501(c)(3)
	organization, check this box and stop here						▶ □
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2018 (line 8,			mn (f))		. 15	%
16	Public support percentage from 2017 Sche						%
	tion D. Computation of Investment					,	70
17	Investment income percentage for 2018 (lin			13 column (f))		17	%
18	Investment income percentage for 2017 (iii						
						•	
ıya	331/3% support tests - 2018. If the org	-					
	17 is not more than 331/3%, check this		-				
b	331/3% support tests - 2017. If the orga						
	line 18 is not more than 331/3%, check		•	•			H
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19k	o, check this b	ox and see insti	ructions -

JSA 8E1221 1.000 Schedule A (Form 990 or 990-EZ) 2018 Page 4

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.)

s

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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 Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	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 Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
0 a	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			

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Schedule A (Form 990 or 990-EZ) 2018

10a

10b

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2018 Page **5**

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on 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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		24	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins		ions)	
a	The organization satisfied the Activities Test. Complete line 2 below.	,a aoa	0110).	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
			Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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 Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		1

Schedule A (Form 990 or 990-EZ) 2018

Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	•
instructions. All other Type III non-functionally integrated supporting organization A - Adjusted Net Income	nust complete Section (A) Prior Year	ns A through E. (B) Current Year (optional)	
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 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		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y integra	ated Type III supporting	g organization (see
instructions).			<u> </u>

Schedule A (Form 990 or 990-EZ) 2018

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Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

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

Schedule A (Form 990 or 990-EZ) 2018

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6016IX K369 187100

Schedule B (Form 990, 990-EZ, or 990-PF)

or 990-PF)

Department of the Treasury Internal Revenue Service

Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Internal Revenue Service **Employer identification number** Name of the organization OHIO COALITION FOR THE EDUCATION OF CHILDREN WITH DISABILITIES 31-0932170 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Schedule of Contributors

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization OHIO COALITION FOR THE EDUCATION OF CHILDREN

WITH DISABILITIES

Employer identification number
31-0932170

WITH DISABILITIES Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 1 Χ Person **Payroll** 674,578. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 Person **Payroll** 1,323,113. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 3 Χ Person **Payroll** 42,697. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.)

Name of organization OHIO COALITION FOR THE EDUCATION OF CHILDREN **Employer identification number** 31-0932170 WITH DISABILITIES

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

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

Employer identification number

Name of organization OHIO COALITION FOR THE EDUCATION OF CHILDREN

	WITH DISABILITIES			31-0932170	
Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional and the copies of the Use duplicate copies of the Use duplicate copies of Part III if additional and the copies of the Use duplicate copies of Part III if additional and the copies of t	he year from any ons completing Par year. (Enter this in	one contributor. C t III, enter the total of formation once. Se	complete columns (a) through (e) and of exclusively religious, charitable, etc.,	
(a) No. from Part I	(b) Purpose of gift	(c) Use		(d) Description of how gift is held	
		(e) Transi	er of gift		
	Transferee's name, address, and	1 ZIP + 4	Relation	ship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
	Transferee's name, address, and	(e) Transi		ship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
		(e) Transi	er of aift		
	Transferee's name, address, and			ship of transferor to transferee	
(a) No.	(b) Purpose of gift	(c) Use	of aift	(d) Description of how gift is hold	
from Part I	(b) Purpose of gift	(c) use	or gift	(d) Description of how gift is held	
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
	T. Control of the Con		i .		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization OHIO COALITION FOR THE EDUCATION OF CHILDREN Employer identification number WITH DISABILITIES 31-0932170 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

Assets included in Form 990, Part X.......

▶ \$

Schedule D (Form 990) 2018 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued, Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition d Loan or exchange programs а Scholarly research Other b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Yes **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Beginning balance 1c Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (a) Current year (b) Prior year (d) Three years back (e) Four years back

1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:					
а	Board designated or quasi-endowm	ent ▶	_%			
b	Permanent endowment ▶	%				
С	Temporarily restricted endowment	> %				
	The percentages on lines 2a, 2b, a	nd 2c should equal 1	00%.			

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

organization by:		162	NO
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Land, Buildings, and Equipment	•		–				
Complete if the organization ans	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.						
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land							
b Buildings							
c Leasehold improvements							
d Equipment		117,692.	106,713.	10,979.			
e Other							
Total. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part	X, column (B), line 10	Oc.) >	10,979.			

Schedule D (Form 990) 2018

b If

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line			
(a) Description of security or category		(b) Book value	(c) Method of valuation:

Schedule D (F	Form 990) 2018		Pag
Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII		l "Vos" on Form 000), Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment		I
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
rartix		l "Yes" on Form 990), Part IV, line 11d. See Form 990, Part X, line 15.
		scription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
_(6)			
_(7)			
(8)			
(9)			
	umn (b) must equal Form 990, Part X, col. (B) l	ine 15.)	<u></u> ▶
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990), Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie l
(1) Feder	ral income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		
2. Liability fo	or uncertain tax positions. In Part XIII, provide the	text of the footnote to the	e organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Ochicadi	6 D (1 0111 330) 2010		r agc -r
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	2,133,068.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-	
a	Net directized gains (103503) of investments 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
b	Donated services and use of labilities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	-	
C	Redevence of prior year granter in the internal in the internal in the internal in the internal internal in the internal internal in the internal i	-	
d	Carlot (Becombo in Carlotania)	20	-17,707.
е	Add lines 2a through 2d	2e 3	2,150,775.
3	Subtract line 2e from line 1	3	2,130,773.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)	4-	
	Add lines 4a and 4b	4c	2,150,775.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,130,773.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	2,066,436.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,066,436.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	2,066,436.
	XIII Supplemental Information.		
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Patt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

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JSA 8E1271 1.000

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.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

OHIO COALITION FOR THE EDUCATION OF CHILDREN Employer ide

Employer identification number

WITH DISABILITIES

31-0932170

FORM 990, PART VI, LINE 11B

THE BOARD MEMBERS WILL RECEIVE A COPY OF THE 990 ELECTRONICALLY AND WILL

APPROVE THE RETURN AT THE BOARD MEETING PRIOR TO FILING.

FORM 990, PART VI, LINE 12C

THE POLICY IS REVIEWED ANNUALLY USING THE EDGAR GUIDELINES.

FORM 990, PART VI, LINE 15A

THE BOARD REVIEWS THE CEO ANNUALLY AND PAYS BASED ON A SET SALARY

SCHEDULE. THE SET SALARY SCHEDULE IS SET BY A MAJORITY VOTE OF THE

GOVERNING BOARD.

FORM 990, PART VI, LINE 15B

BOARD OF DIRECTOR OFFICERS ARE NOT PAID.

FORM 990, PART VI, LINE 19

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

IDEA PARENT, COMMUNITY, AND EDUCATOR COLLABORATION - THE OHIO

COALITION FOR THE EDUCATION OF CHILDREN WITH DISABILITIES (OCECD)

STAFF AND CONSULTANTS PROVIDE SUPPORT SERVICES TO PARENTS AND

FAMILIES OF CHILDREN WITH A DISABILITY. THEY RESPOND TO INQUIRIES

FROM SCHOOL DISTRICTS, THE GENERAL PUBLIC AND SPECIFICALLY TO

FAMILIES OF CHILDREN WITH A DISABILITY TO PROVIDE INFORMATION,

Name of the organization OHIO COALITION FOR THE EDUCATION OF CHILDREN WITH DISABILITIES

Employer identification number 31-0932170

ATTACHMENT 1 (CONT'D)

SUPPORT, AND ASSISTANCE REGARDING SPECIAL EDUCATION PROGRAMS AND SERVICES. OUR STAFF AND CONSULTANTS ANSWER TELEPHONE INQUIRIES, MEETS ONE-ON-ONE WITH FAMILIES AS NECESSARY, AND PROVIDE GUIDANCE IN UNDERSTANDING IDEA AND THE OHIO OPERATING STANDARDS AND, THE PROVISION OF SERVICES AVAILABLE IN THE LOCAL SCHOOL DISTRICT.

PROVIDE GUIDANCE IN UNDERSTANDING IDEA AND THE OHIO OPERATING STANDARDS AND, THE PROVISION OF SERVICES AVAILABLE IN THE LOCAL SCHOOL DISTRICT.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

PARENT TRAINING AND INFORMATION CENTER FOR OHIO - OCECD HAS SET

FORTH AS ITS MISSION TO ENDORSE AND PROMOTE EFFORTS TO PROVIDE

APPROPRIATE QUALITY EDUCATION FOR CHILDREN AND YOUTH WITH

DISABILITIES. WE DO THIS IN THE BELIEF THAT ALL CHILDREN HAVE THE

RIGHT TO A MEANINGFUL AND RELEVANT EDUCATION. THE OHIO COALITION

STAFF AND CONSULTANTS ARE DEDICATED TO ENSURING THAT EVERY CHILD

WITH DISABILITIES IS PROVIDED A FREE, APPROPRIATE PUBLIC

EDUCATION. WITH THIS IN MIND, OCECD CONTINUALLY STRIVES TO

IMPROVE THE QUALITY OF SERVICES FOR ALL CHILDREN AND YOUTH WITH

DISABILITIES IN OHIO. THE OHIO COALITION'S VISION IS TO SAFEGUARD

THAT ALL STUDENTS WITH DISABILITIES ARE: PREPARED FOR

KINDERGARTEN, READY TO BE ACTIVELY ENGAGED IN LEARNING, AND ABLE

TO GRADUATE EQUIPPED TO MOVE ON TO A CAREER OR ON TO COLLEGE AND

THEN A CAREER.

Name of the organization OHIO COALITION FOR THE EDUCATION OF CHILDREN WITH DISABILITIES

Employer identification number 31-0932170

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

PARENT MENTOR OVERSIGHT AND PROFESSIONAL DEVELOPMENT OCECD PROVIDES TECHNICAL ASSISTANCE USING THE STRUCTURE FORMATTED BY THE OHIO DEPARTMENT OF EDUCATION, OFFICE OF EARLY LEARNING AND SCHOOL READINESS, AND OFFICE FOR EXCEPTIONAL CHILDREN TO ENSURE THAT PARENT MENTORS RECEIVE PERTINENT, TIMELY, AND ONGOING PROFESSIONAL DEVELOPMENT OPPORTUNITIES, WHICH WILL ENHANCE THEIR KNOWLEDGE CONCERNING THE EDUCATION OF STUDENTS WITH DISABILITIES TO THEIR FULLEST POTENTIALS. TRAINING IS PROVIDED IN THE AREA OF DEVELOPING INTERPERSONAL SKILLS TO FACILITATE POSITIVE COMMUNICATION BETWEEN PARENTS, COMMUNITY RESOURCES, AND SCHOOL STAFF TO BETTER ADDRESS THE NEEDS OF THE STUDENTS. WITH SUPPORTS FROM OCECD, PARENT MENTORS INCREASE THEIR ABILITY TO CONNECT FAMILIES AND SCHOOL STAFF TO LOCAL RESOURCES FOR STUDENTS WITH DISABILITIES. IN ADDITION, OCECD STAFF ASSISTS THE PARENT MENTORS BY MAINTAINING UP-TO-DATE INFORMATION ABOUT THE CONTINUUM OF SERVICES FOR STUDENTS WITH DISABILITIES. ALL OF THIS IS WITHIN THE CONTEXT OF LARGER EDUCATIONAL GOALS WHICH RECOGNIZE THE IMPORTANCE OF EARLY LITERACY AND OF IMPROVING BOTH ACADEMIC OUTCOMES AND FUNCTIONAL RESULTS FOR STUDENTS WITH DISABILITIES.

A TOTA CITIMENTO	1	
ATTACHMENT	4	

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION GRANTS

EXPENSES

REVENUE

HORN WALTER AWARDS

11,553.

PROJECT LAUNCH

9,200.

Name of the organization OHIO COALITION FOR THE EDUCATION OF	CHILDREN	Employer identification number					
WITH DISABILITIES	31-0932170						
		ATTACHMENT 4	(CONT'D)				
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES							
DESCRIPTION	GRANTS	EXPENSES	REVENUE				
STATE PERSONNEL DEVELOPMENT		34,612.					
OTHER PROGRAMS		87,691.					

TOTALS

143,056.