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
2022
Open to Public

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A F	or tr		and ending	-					
Bo	heck if a	C Name of organization OHIO COALITION FOR THE EDUCATION	ON OF CHI	TDE Employer Identific	ation nu	ımber			
_	_	WITH DISABILITIES							
	Addre	ge Doing Business As		31-093	32170)			
	Name	e change Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number	E Telephone number				
	Initia	return 125 EXECUTIVE DRIVE	20	(740)382-5452					
	Term	City or town, state or province, country, and ZIP or foreign postal code	City or town, state or province, country, and ZIP or foreign postal code						
	Amer			G Gross receipts \$	2.	403,7	73.		
	Appli	F Name and address of principal officer:		H(a) Is this a group retu		Yes	X No		
	pend	125 EXECUTIVE DRIVE STE. 200, MARION, OH 433	102	subordinates? H(b) Are all subordinates in	ncluded?	Yes	No		
$\overline{}$	Tay-ev	tempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a list	_				
÷		ite: ► WWW.OCECD.ORG	327	—					
_			1	H(c) Group exemption n					
		of organization: X Corporation Trust Association Other	L Year of for	mation: 1974 M State	of legal	domicile:	OH		
Р	art l	Summary							
	1	Briefly describe the organization's mission or most significant activities: $_$ \underline{SEE} \underline{SCE}	HEDULE_O.						
JC e									
nai									
Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed o		1 1					
ő	3	Number of voting members of the governing body (Part VI, line 1a)					11		
න් ග	4	Number of independent voting members of the governing body (Part VI, line 1b)		4			9		
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)					24		
ij	6	Total number of volunteers (estimate if necessary)		_			50		
ě	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a					
		Net unrelated business taxable income from Form 990-T, line 34							
_				Prior Year	Cı	ırrent Ye	ar		
	8	Contributions and grants (Part VIII, line 1h)		1,907,866.	-	2,161	284		
Jue	9	Program service revenue (Part VIII line 2g)	- 1	8,544.			,000.		
Revenue	10			26,492.					
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			-15,374		•		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,244.			,697.		
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,946,146.		2,150			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		NONE			NONI		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE	NON				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,641,158.		1,686	<u>,550.</u>		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE			NONI		
ă.	b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,947.							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	L	215,371.		355	,852.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	L	1,856,529.		2,042	,402.		
	19	Revenue less expenses. Subtract line 18 from line 12		89,617.		108	,205.		
Net Assets or Fund Balances			Ве	ginning of Current Year	Е	nd of Yea	ır		
sets	20	Total assets (Part X, line 16)		2,587,559.		2,992	,936.		
Ass	21	Total liabilities (Part X, line 26)		112,999.			,171.		
Net E	22	Net assets or fund balances. Subtract line 21 from line 20.		2,474,560.		2,582			
	rt II	Signature Block		, , , , , , , , , ,			,		
		nalties of perjury, I declare that I have examined this return, including accompanying schedules	and statements	s, and to the best of my k	knowled	ge and be	elief, it is		
tru	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer has an	y knowledge.					
Sig	ın	Signature of officer		Date					
He									
		Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date		PTIN				
Paid	t		Daie	Crieck ii					
	parer	DAVID M REAPE, CPA				68117			
	Only	Firm's name HW&CO				53157			
_		Firm's address ▶ 28601 CHAGRIN BLVD. #210 WOODMERE, OH 44	1122	Phone no. 2		31-120			
May	the I	RS discuss this return with the preparer shown above? (see instructions)			. X	Yes	No		

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For Paperwork Reduction Act Notice, see the separate instructions.

Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:	
	THE OHIO COALITION FOR THE EDUCATION OF CHILDREN WITH DISABILITIES IS	
	A COLLABORATION OF PARENTS, PROFESSIONALS, AND PARTNERS ADVOCATING	
	FOR CHILDREN WITH DISABILITIES TO RECEIVE THE EDUCATIONAL SERVICES,	
	EXPERIENCES, AND SUPPORTS THEY NEED TO REACH THEIR FULLEST POTENTIAL.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service	s, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	ocations to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 989,868. including grants of \$) (Revenue \$	4,597.)
	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,	
	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.	
	(O. d	``
4b	o (Code:) (Expenses \$598,413. including grants of \$) (Revenue \$))
	SEE SCHEDULE O	
4c	: (Code:) (Expenses \$29,694. including grants of \$) (Revenue \$)
	SEE SCHEDULE O	
_	1 Other and the Control of the Contr	
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O	
_	(Expenses \$ 221,315. including grants of \$) (Revenue \$)	
	Total program service expenses 1,839,290.	
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Part IV Checklist of Required Schedules

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	•		
·	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
Ŭ	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	- · · · ·	21	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	1.15		- 21
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	- 1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110	21	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			- 1
12 a	Schedule D, Parts XI and XII.	12a	v	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120	X	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	. 74		21
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1.12		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			- 21
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		21
. 0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		Λ_
13	If "Yes," complete Schedule G, Part III	19		v
20 ~	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		v
	domestic government on rait ix, column (A), line 1: 11 Tes, complete schedule i, Paris Fand II	41		Χ

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Part	Checklist of Required Schedules (continued)			
00	Did the constitution and the defendence of the constitution of the desired to the constitution of the cons		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		7.7
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			X
25	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		Λ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	21		Λ
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	20		37
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	<u> </u>		21
	complete Schedule N, Part II.	32		Х
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		Х
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
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	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	330		
00	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 on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1 ~	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		res	NO
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	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 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4 =		77
	excess parachute payment(s) during the year?	15		X
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	17		v
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		X

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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 on 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					
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent					
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, 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		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X		
6	Did the organization have members or stockholders?	6		X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-		3.5		
	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,	7b		x		
	stockholders, or persons other than the governing body?	7.0		Λ		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
_	the year by the following:	8a	Х			
a	The governing body?	8b	X			
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х		
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Cod						
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	X			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	401-	3.7			
	rise to conflicts?	12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х			
40	describe on Schedule O how this was done	13	X			
13	Did the organization have a written whistleblower policy?	14	X			
14 15	Did the organization have a written document retention and destruction policy?					
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Х			
b	Other officers or key employees of the organization	15b	Х			
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
	with a taxable entity during the year?	16a		X		
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					
Casti	organization's exempt status with respect to such arrangements?	16b				
	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed OH,	Γ (σ===	tion 7	04/=\		
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.	ı (sec	นบท 5	υ I (C)		
	X Own website Another's website Upon request Other (explain on Schedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est r	olicy		
	and financial statements available to the public during the tax year.		55t þ	onoy,		
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls				
	LISA HICKMAN 125 EXECUTIVE DRIVE, SUITE 200 MARION, OH 43302					

740-382-5452

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both	an	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Officer Institutional trustee Individual trustee or director		Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1) MARBELLA CÁCERES	37.50									
ASSISTANT DIRECTOR	NONE	X		X				77,950.	NONE	30,432.
(2) LISA HICKMAN	37.50							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110112	30,1321
EXECUTIVE DIRECTOR	NONE	Х		X				84,542.	NONE	20,176.
(3) CATHY RUIZ	0.50							,		,
PARENT REP	NONE	Х						NONE	NONE	NONE
(4) CHRISTINE FRANCE	1.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(5) FRANCES BAUER-MORROW	1.00									
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(6) DONNA STELZER	0.50									
STATEWIDE ORGANIZATION REP	NONE	X						NONE	NONE	NONE
(7) WILLIAM BAGNOLA	1.00									
PRESIDENT	NONE	X		Х				NONE	NONE	NONE
(8) GINNY BRYAN	0.50									
REGIONAL ORGANIZATION REP	NONE	X						NONE	NONE	NONE
(9) MIA BUCHWALD GELLES	0.50									
PARENT REP	NONE	X						NONE	NONE	NONE
(10) DEE MARKS	1.00									
VICE PRESIDENT	NONE	Х		Х				NONE	NONE	NONE
(11) JUNDSON DUNHAM	0.50									
PARENT REP	NONE	Х						NONE	NONE	NONE
(12) LINDSEY CAMPBELL-ALTHAUS	0.50									
PARENT REP	NONE	X						NONE	NONE	NONE
<u>(13)</u>										
<u>(14)</u>										

Pa	(A) Name and title	(B) Average hours per week (list any hours for	Position (do not check more than or box, unless person is both a officer and a director/truste				e than o is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimate m amount other compensa		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-MISC	org an	rom the ganizatio d related anization	t
			-										
			-										
			-										
d	Sub-total Total from continuation sheets to Part VII, So Total (add lines 1b and 1c)	ection A						> >	162,492. NONE 162,492.	NON	1E		608. NONE 608.
	Total number of individuals (including but not reportable compensation from the organization		nose	ııste		NO:	,	re	ceived more than	\$100,000 of		1.4	
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3	Yes	No X
4	For any individual listed on line 1a, is the sorganization and related organizations greatly individual.	eater than	\$15	0,0	00?	. If	"Yes	5," (complete Schedu		4		37
5	individual	accrue co	mpen	sati	on 1	fron	n any	uni	related organization		5		X
Se	ction B. Independent Contractors	s, comple	16 301	ieuu	iie J	101	Sucri	peι	3011				X
1	Complete this table for your five highest com compensation from the organization. Report c year.												
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compen		
_													
	Total number of independent contractors (ir	ncluding bu	ut not	lim	nite	d to	thos	 se li	sted above) who	received			

NONE

more than \$100,000 in compensation from the organization ▶

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Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to ar	ny 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
ts,	1a	Federated campaigns 1a					
Z a	b	Membership dues	10,450.				
פַ בַּ	С	Fundraising events 1c					
fts,	d	Related organizations 1d					
Ω≅	е	Government grants (contributions) 1e					
ns,	f	All other contributions, gifts, grants,					
er (-	and similar amounts not included above . 1f	118,703.				
ğğ	g	Noncash contributions included in					
ar of	9		\$				
Contributions, Gifts, Grants, and Other Similar Amounts	h	Total. Add lines 1a-1f	•	2,161,284.			
			Business Code				
e,	2a	PROGRAM FEES	611710	2,000.	2,000.		
٦٤			-	,	,		
Program Service Revenue	b		_				
E S	C		_				
Re	d		-				
2	e		-				
_	f g	All other program service revenue Total. Add lines 2a-2f		2,000.			
_				2,000.			
	3	Investment income (including dividends		27,683.			27,683
		other similar amounts)		NONE			27,003
	4 5	Income from investment of tax-exempt bo		NONE			
	3	Royalties	(ii) Personal	NONE			
			(ii) i oloonai				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b	ND NOVE				
	C .	rtental meente et (lees)	ONE NONE	27077			
	_d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 210,10	J9.				
an	b	Less: cost or other basis					
Revenue		and sales expenses 7b 253,16					
	C .	Gain or (loss)		40.055			42.055
Other	d	Net gain or (loss)		-43,057.			-43,057
ㅎ	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18					
	b	Less: direct expenses	•				
	С	Net income or (loss) from fundraising even	<u>ts</u>	NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9					
	b	Less: direct expenses9	•				
	С	Net income or (loss) from gaming activities	<u> </u>	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances					
		Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory	1	NONE			
ş İ			Business Code				
e n	11a	MISCELLANEOUS REVENUE	900099	2,697.	2,697.		
llar en	b		_				
Sev Sev	С		_				
Miscellaneous Revenue	d	All other revenue					
	е	Total. Add lines 11a-11d		2,697.			
	12	Total revenue. See instructions		2,150,607.	4,697.		-15,374
JSA 2E105							Form 990 (2022
	60	16IX K369		187100			

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respo	nse or note to any line	in this Part IX	<u> </u>	<u> </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	213,099.	213,099.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	1,054,101.	958,202.	93,765.	2,134.
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	354,602.	321,689.	32,348.	565.
10	Payroll taxes	64,748.	59,489.	5,169.	90.
11	Fees for services (nonemployees):				
а	Management	312.		200.	112.
b	Legal	NONE			
c	Accounting	NONE			
d	Lobbying	NONE			
е	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	181,705.	131,262.	50,443.	
12	Advertising and promotion	300.	15.	285.	
13	Office expenses	60,149.	60,128.	21.	
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	36,714.	36,672.		42.
17	Travel	18,538.	17,534.		1,004.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	983.	350.	633.	
20	Interest	NONE			
21	Payments to affiliates	NONE			
22		3,950.		3,950.	
23		9,254.		9,254.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	35,449.	34,818.	631.	
b	TRAINING	6,123.	5,773.	350.	
	OTHER EXPENSES	2,225.	109.	2,116.	
d	REPAIRS & MAINTENANCE	150.	150.		
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	2,042,402.	1,839,290.	199,165.	3,947.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2022)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line i	n this Part X	<u>,</u>					
			(A) Beginning of year	(B) End of year					
	1	Cash - non-interest-bearing	1,061,031.	1 1,295,869.					
	2	Savings and temporary cash investments	1,182,538.	2 1,186,327.					
	3	Pledges and grants receivable, net	51,449.	3 339,465.					
	4	Accounts receivable, net	NONE	4 NONE					
	5	Loans and other receivables from any current or former officer, dir	ector,						
		trustee, key employee, creator or founder, substantial contributor, o	35%						
		controlled entity or family member of any of these persons	NONE	5 NONE					
	6	Loans and other receivables from other disqualified persons (as d	eivables from other disqualified persons (as defined						
		under section 4958(f)(1)), and persons described in section 4958(c)(3	I I	6 NONE					
ts	7	Notes and loans receivable, net		7 NONE					
Assets	8	Inventories for sale or use							
As	9	Prepaid expenses and deferred charges		9 14,388.					
	_	Land, buildings, and equipment: cost or other	21/2011	217555					
			7,676.						
	h	·	5,405. 15,221. 1	0c 11,271.					
	11	Investments - publicly traded securities	· · · · · · · · · · · · · · · · · · ·	11 NONE					
	12	Investments - other securities. See Part IV, line 11							
	13	Investments - program-related. See Part IV, line 11							
	14								
		Intangible assets							
	15	Other assets. See Part IV, line 11							
_	16	Total assets. Add lines 1 through 15 (must equal line 33)		16 2,992,936.					
	17	Accounts payable and accrued expenses		17 260,501.					
	18	Grants payable							
	19	Deferred revenue		19 4,054.					
	20	Tax-exempt bond liabilities							
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21 NONE					
Liabilities	22	Loans and other payables to any current or former officer, dir							
ij		trustee, key employee, creator or founder, substantial contributor, o							
<u>ia</u>		controlled entity or family member of any of these persons							
_	23	Secured mortgages and notes payable to unrelated third parties							
	24	Unsecured notes and loans payable to unrelated third parties		24 NONE					
	25	Other liabilities (including federal income tax, payables to related							
		parties, and other liabilities not included on lines 17-24). Complete							
		of Schedule D		25 145,616.					
	26	Total liabilities. Add lines 17 through 25	112,999.	26 410,171.					
Seo		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.							
<u>a</u>	27	Net assets without donor restrictions	2,474,560.	2,582,765.					
ĕ	28	Net assets with donor restrictions							
Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.							
ō	29	Capital stock or trust principal, or current funds		29					
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30					
SS	31	Retained earnings, endowment, accumulated income, or other funds		31					
Net Assets or	32	Total net assets or fund balances		32 2,582,765.					
Š	33	Total liabilities and net assets/fund balances		33 2,992,936.					
_	100		2,301,339.	Form 990 (2022)					

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,1	50,	<u>607</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,0	42,	<u>402</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		1	08,	<u> 205</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,4	74,	<u> 560</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		2,5	82,	<u> 765</u>
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: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	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 over	_			7.7	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for		the	_	37	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_		26	.,	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	aits .		3b	X aan	(2022)
				LOUD	330	(∠∪∠∠)

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SCHEDULE A (Form 990)

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.

OMB No. 1545-0047 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

WIT	Ή	DISABILITIES					31-0	932170
Pa	τl	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	ns.
The	org	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 churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
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	n 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 owned	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fr	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	-		-			
9		An agricultural research org	=			-		
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the i	name, city, and state o	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio	ited to its exempt finent income and un on after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (less Complete	s; and (2) no more that s section 511 tax) from e Part III.)	n 331/3 % of its
11		An organization organized	•	•	•		. , . ,	
12		An organization organized a	•	•				• • •
		one or more publicly suppo	-			-		
	Г	the box on lines 12a throug					•	=
а	L	Type I. A supporting orga	•	•	-		• • • • • • • • • • • • • • • • • • • •	
		the supported organization				ajority of	the directors or truste	ees of the
L	Г	supporting organization. \	-			with ito	aupported organizati	on(a) by baying
b	_	Type II. A supporting org	•					
		control or management of organization(s). You must	• • •	-	me sam	e persor	is that control of that	lage the supported
_	Г	Type III functionally integ			tod in o	onnoctio	n with and functions	lly intograted with
С	_	its supported organization						ily ilitegrated with,
d	Г	Type III non-functionally		· ·				ted organization(s)
u	_	that is not functionally into			-			
		requirement (see instruct			-		•	a an attentiveness
е	Г	Check this box if the orga	•	-				II. Type III
·	_	functionally integrated, or						, . , p =
f	Er	nter the number of supported						
g		ovide the following information	-					
		Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	No	man delicits)	matruotions)
(A)								
(^) ——								
(B)								
(C)								
(D)								
(E)								
Tota	ıl							

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,118,305.	2,211,866.	2,033,003.	1,907,866.	2,161,284.	10,432,324.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	2,118,305.	2,211,866.	2,033,003.	1,907,866.	2,161,284.	10,432,324.
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)						NONE
6	Public support. Subtract line 5 from line 4						10,432,324.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2,118,305.	2,211,866.	2,033,003.	1,907,866.	2,161,284.	10,432,324.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,957.	36,888.	29,008.	16,934.	27,683.	136,470.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			753.	3,244.	2,597.	6,594.
11	Total support. Add lines 7 through 10						10,575,388.
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	12,042.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	the organization	on's first, second,	third, fourth,	or fifth tax yea	ır as a section s	501(c)(3)
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
14	Public support percentage for 2022 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	98.65 %
15	Public support percentage from 2021 S	Schedule A, Pa	rt II, line 14			15	98.77 %
16a	331/3% support test - 2022. If the org	anization did n	ot check the box	k on line 13, an	d line 14 is 33	1/3 % or more, ch	eck this
	box and stop here. The organization qu	alifies as a pub	licly supported o	organization			х х
b	331/3% support test - 2021. If the org	anization did no	ot check a box o	n line 13 or 16a	a, and line 15 is	s 331/3 % or more	e, check
	this box and stop here. The organization	n qualifies as a	publicly support	ted organizatior	١		
17a	10%-facts-and-circumstances test - 2	022. If the org	anization did no	t check a box	on line 13, 16a	a, or 16b, and lir	ne 14 is
	10% or more, and if the organization	meets the fac	cts-and-circumsta	ances test, che	ck this box an	d stop here. Ex	oplain in
	Part VI how the organization meets t	he facts-and-c	ircumstances tes	st. The organiza	ation qualifies	as a publicly su	pported
	organization						
b	10%-facts-and-circumstances test - 2	021. If the org	anization did no	ot check a box	on line 13, 16	a, 16b, or 17a, a	and line
	15 is 10% or more, and if the organiz	ation meets the	e facts-and-circu	ımstances test,	check this box	and stop here.	Explain
	in Part VI how the organization meets	the facts-and-	circumstances te	est. The organiz	zation qualifies	as a publicly su	pported
	organization						
18	Private foundation. If the organization	n did not chec	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see
	instructions						<u> L</u>

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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	Public support. (Subtract line 7c from						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	(-, -	(.,,	(4,	(1)		()
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
•	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12							
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,	, column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2021 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3 %, check this	-	-	•			
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3 %, check		-	•			
20	Private foundation If the organization of	TIC NOT CHECK 1	a nov on line 1	ıд 192 or 10h	Check this ho	y and see instri	ICTIONS

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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.
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).

- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on 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.**
- 10 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 supporting organizations)? If "Yes," answer line 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
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Part	V Supporting Organizations (continued)			
44	Lies the executivation accepted a gift or contribution from any of the following negocia?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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			
	on on type in outporting or gameations		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)? <i>If "No," describe in Part VI how control</i>			
	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			
4	Did the expenization provide to each of its supported expenizations, by the last day of the lifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
•	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
·	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	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	structi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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		
	·	_u		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations		rage C
Check here if the organization satisfied the Integral Part Test as a qualifyir instructions. All other Type III non-functionally integrated supporting organization.	ng trust on	Nov. 20, 1970 (expla	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 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-functiona (see instructions).		ted Type III supporting	g organization

Schedule A (Form 990) 2022

 Schedule A (Form 990) 2022
 Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)		
Sect	ion D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Schedule A (Form 990 or 990-EZ) 2022 Page **8**

Part VI Suppl

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

SCHEDULE A, PART II - OTHER INCOME							
DESCRIPTION	2018	2019	2020	2021	2022	TOTAL	
OTHER INCOME			753.	3,244.	2,597.	6,594.	
TOTALS			753.	3,244.	2,597.	6,594.	
	=========	==========	==========	==========		=========	

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

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

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

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

Employer identification number 31-0932170

art I	Contributors (see inst	ructions). Use duplicate	e copies of Part I if add	ditional space is needed.
-------	------------------------	--------------------------	---------------------------	---------------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	N/A	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$1,120,513.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
3	N/A	\$68,319.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		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.)

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

Employer identification number 31-0932170

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
		\$	

Schedule B (Form 990) (2022)	Page
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Name of organization **Employer identification number** OHIO COALITION FOR THE EDUCATION OF CHILDREN 31-0932170 WITH DISABILITIES Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

2022

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 Employer identification number OHIO COALITION FOR THE EDUCATION OF CHILDREN 31-0932170 WITH DISABILITIES Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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 Nο 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 (for example, 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 July 25, 2006, and not on 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 5 violations, and enforcement of the conservation easements it holds? 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 7 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X.....\$_

following amounts required to be reported under FASB ASC 958 relating to these items:

Schedule D (Form 990) 2022

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Schedule D (Form 990) 2022 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Part III Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition d Loan or exchange program а Scholarly research b Other 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? Yes No **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 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 c Net investment earnings, gains, d Grants or scholarships Other expenditures for facilities f Administrative expenses g End of year balance..... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes organization by: No 3a(i) 3a(ii) Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Part VI 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 (b) Cost or other basis (c) Accumulated (d) Book value depreciation (investment) (other) **b** Buildings c Leasehold improvements

97,676.

86,405

Schedule D (Form 990) 2022

11,271

11,271

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

d Equipment........

(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11c. See Form 990	, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mar	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.		5 . 11 . 1 . 1 . 2 . 5	D. 4 V. P. 45
Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.

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

(b) Book value

Page 3

(c) Method of valuation:

Cost or end-of-year market value

Part X Other Liabilities.

(2) (3) (4) (5) (6) (7) (8) (9)

Schedule D (Form 990) 2022

Investments - Other Securities.

(a) Description of security or category

(including name of security)

(1) Financial derivatives(2) Closely held equity interests

Part VII

(3) Other _ (A)

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

(3) (4) (5) (6) (7) (8) (9)	1. (a) Descript	on of liability	(b) Book value
(3) (4) (5) (6) (7) (8) (9)	(1) Federal income taxes		
(4) (5) (6) (7) (8) (9)	(2)LEASE LIABILITY		145,616.
(5) (6) (7) (8) (9)	(3)		
(6) (7) (8) (9)	(4)		
(7) (8) (9)	(5)		
(8) (9)	(6)		
(9)	(7)		
	(8)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 145,616.	(9)		
	Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		145,616.

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

JSA 2E1270 1.000 Schedule D (Form 990) 2022

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

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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.	ո.	
1	Total revenue, gains, and other support per audited financial statements	1	2,150,607.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		,,
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,150,607.
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.)		
	Add lines 4a and 4b	4c	0 150 605
5 Port	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,150,607.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	II II.	
1	Total expenses and losses per audited financial statements	1	2,042,402.
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.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,042,402.
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		
b	Other (Describe in Part XIII.)	40	
С 5	Add lines 4a and 4b	4c 5	2,042,402.
_	XIII Supplemental Information.		2,012,102.
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V,	line 4; Part X, line
2; Par	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	

Part XIII Supplemental Information (continued)

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

2022

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.

Inspection

Employer identification number

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.

FORM 990, PART I, LINE 1

THE OHIO COALITION FOR THE EDUCATION OF CHILDREN WITH DISABILITIES IS A COLLABORATION OF PARENTS, PROFESSIONALS, AND PARTNERS ADVOCATING FOR CHILDREN WITH DISABILITIES TO RECEIVE THE EDUCATIONAL SERVICES, EXPERIENCES, AND SUPPORTS THEY NEED TO REACH THEIR FULLEST POTENTIAL.

31-0932170

Name of the organization Employer identification number

FORM 990, PART III - PROGRAM SERVICE

OHIO COALITION FOR THE EDUCATION OF CHILDREN

LINE 4B, PROGRAM SERVICE

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.

LINE 4C, PROGRAM SERVICE

EARLY CHILDHOOD INCLUSIVE LEADERSHIP PROJECT THE DEPARTMENT IS CONTRACTING WITH THE OHIO COALITION FOR THE EDUCATION OF CHILDREN WITH DISABILITIES ("CONTRACTOR") TO ACCOMPLISH THE GOAL OF THE EARLY CHILDHOOD INCLUSIVE LEADERSHIP PROJECT, FUNDED BY THE US DEPARTMENT OF EDUCATION, OFFICE OF SPECIAL EDUCATION PROGRAMS, WHICH IS TO ENHANCE THE SKILLS, KNOWLEDGE, AND LEADERSHIP CAPACITY OF EARLY CHILDHOOD LEADERS SO THAT THEY CAN IMPACT THE DEVELOPMENT AND EDUCATION OF CHILDREN WITH DISABILITIES AND THEIR FAMILIES IN MEANINGFUL AND INTENTIONALLY POSITIVE WAYS. THE EARLY CHILDHOOD LEADERS WILL BE PART OF A TWO-YEAR LONG FELLOWSHIP, DURING THE WHICH THE MODULES CREATED UNDER THIS AGREEMENT WILL BE PRESENTED TO THEM. THE CONTRACTOR WILL CREATE LEARNING MODULES AND A MENTORING CURRICULUM THAT SELECTED LEADERSHIP FELLOWS WILL COMPLETE DURING THEIR TWO YEARS OF THE FELLOWSHIP.

Name of the organization		Employer iden	tification number	
OHIO COALITION FOR THE EDUCATION OF	CHILDREN	31-0932	31-0932170	
	_			
FORM 990, PART III, LINE 4D - OTHER PROGRAM S	ERVICES			
DESCRIPTION	GRANTS	EXPENSES	REVENUE	
HORN WALTER AWARDS		2,593.		
PROJECT LAUNCH		24,098.		
STATE PERSONNEL DEVELOPMENT		12,455.		
PARENT MENTOR OVERSIGHT		20,240.		
OTHER PROGRAMS		161,929.		
TOTALS		221,315.		
	=========	==========	=========	