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

2021

Open to Public Inspection

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В	neck if ap	oplicable:						ITIO	N FOI	R TH	HE E	OUCATIO	N O	F	CHILDR	ED	Employer i	identif	ication	number			
_	_			TH DIS		TIE	ES									4							
X	Addre chang			g Business													31-093						
	Name	change	Nun	nber and st	reet (or P	P.O. b	ox if mail	is not de	livered to	o stree	t addre	ss)	Roo	m/s	uite	E Telephone number (740)382-5452							
	Initial	return	20	0 EXEC	UTIVE	DE	RIVE							20	0								
	Termi	inated	City or town, state or province, country, and ZIP or foreign postal code																				
	Amen return		MARION, OH 43302										G Gross receipts \$ 1,946,1										
	Applio pendi	cation	F Nam	ne and add	ress of pr	incipa	al officer:	Ι	JISA	HIC	KMAN					H(a	a) Is this a g		turn for	Yes	X No		
	_ ,	9	200	EXECU	TIVE	DR.	IVE ST	ΓE. 2	200,	MAR	ION,	OH 43	302			H(I	b) Are all subo		s included?	Yes	s No		
ī	Tax-ex	empt st	atus:	X 501(c)(3)		501(c) () •	◀ (ins	sert no	.)	4947(a)(1) or		527		If "No," att	tach a l	ist. (see in	structions)			
J	Websi	ite: 🕨	WWW	.OCECD			. , ,		-			, , ,	,			H(6	c) Group exe	mption	number	▶			
		of organ			oration		Trust	Assoc	ciation	C	Other	>		LY	ear of form	ation:	1974 N	I Stat	e of lega	l domicile	e: OH		
Pa	art I	Sui	mmar																				
		-		•	ganizati	on's	mission	or mos	t sianifi	icant a	activitie	s: SEE	SCH	EDI	TIE O.								
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auc																							
e.	2	Chack	thic h	ov 🕨	if the	orga	nization	discon	tinued	ite on	oratio	ns or dispo	sod of		 re than 25		ite not acc	ate					
Governance					_	-						is of dispo						3			11		
												VI, line 1b)						_					
Activities &																		5			2/		
×it												ine 2a)						6			24		
₽cti				r of volunt																	5(
`																		7a					
	b	Net ur	relate	d busines	s taxable	e inc	ome fron	n Form	990-1,	line 3	4							7b	_				
	_			_													rior Year		_	urrent \			
ne	8	Contri	butions	s and gran	ts (Part	VIII,	line 1h)					CO	PY FC	OR.	\neg	- 2	2,033,0				7,866.		
Revenue	9	Progra	am ser	vice reven	ue (Part	VIII,	line 2g)					BUBUIC	INSPE	ECT	ION -			NONE			8,544.		
Re	10	IIIVESI	illelit i	ncome (F	ait viii, i	Colui	IIII (A), II	1165 3, 4	+, anu <i>r</i>	(u)					— ⊢		34,4				<u>6,492.</u>		
	11	Other	revenu	ue (Part V	III, colur	mn (A), lines	5, 6d, 8	c, 9c, 1	0c, ar	nd 11e)						753.			3,244.		
			al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)									2,068,2	242.		1,94	<u>6,146.</u>							
			nts and similar amounts paid (Part IX, column (A), lines 1-3)									NONE			C]							
			efits paid to or for members (Part IX, column (A), line 4) aries, other compensation, employee benefits (Part IX, column (A), lines 5-10) essional fundraising fees (Part IX, column (A), line 11e) all fundraising expenses (Part IX, column (D), line 25) er expenses (Part IX, column (A), lines 11a-11d, 11f-24e) all expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) enue less expenses. Subtract line 18 from line 12								NONE					NONE							
S												1,589,624.				1,64	1,158.						
Expenses	16a	Profes											1	NON	C		NONE						
ž																							
ш	17	Other											381,1	L03.		21	5,371.						
													1,970,7	727.		1,85	6,529.						
	19												97,5	515.	,	8	9,617.						
or															Beg	jinnin	g of Current	t Year		End of Y	ear		
sets	20	Total a	assets	(Part X, lin	ie 16)												2,600,4	129.		2,58	7,559.		
Net Assets or Fund Balances	21	Total I	liabilitie	es (Part X.	line 26)									• •	•		243,7	761.			2,999.		
E Set	22	Net as	sets o	r fund bal	ances. \$	Subtr	act line 2	21 from	line 20)							2,356,6				4,560.		
	rt II			e Block											'				'	-			
Und	der per	nalties c	of perjur	y, I declare	that I h	ave e	xamined	this retu	ırn, inclu	uding a	accomp	anying sche	dules	and	statements	, and	to the best	of my	knowle	dge and	belief, it is		
true	e, corre	ect, and	comple	te. Declarat	ion of pre	epare	r (other th	an office	er) is bas	sed on	all info	rmátion of w	hich p	repa	rer has any	know	ledge.						
Sig	n		Signatu	ure of officer	r												Date						
Hei	e																						
			Type or	r print name	and title																		
			• •	eparer's nar				Pren	arer's si	gnatur	e			Date			Check	if	PTIN				
Paid	l			•													self-emple	_		6011	7		
Prep	oarer			REAPE												Τ	<u> </u>			6811			
Use	Only		name	≥ WW ≪						~·		07- 11-0				\neg	m's EIN		34-1663157				
NA	4h = 11		addres									, OH 44122	2-5450	U		Ph	ione no.			31-12			
_				nis return							ruction	s)							X		No		
For	Paper	rwork	кeduc	tion Act N	iotice, s	see th	ne separ	ate inst	ruction	ıs.										Form 95	0 (2021)		

P	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:	Δ
•	PROVIDING INFORMATION, SUPPORT AND ASSISTANCE TO INDIVIDUAL FAMILIES,	
	PARENT NETWORKS, PARENT ORGANIZATIONS, DISTRICT PERSONNEL AND	
	UNIVERSITIES. ADDRESSING THE INDIVIDUAL NEEDS OF EACH PERSON TO	
_	PROMOTE THE EDUCATION OF CHILDREN WITH DISABILITIES.	
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
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program service.	as as magazired by
7	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a the total expenses, and revenue, if any, for each program service reported.	
4a	a (Code:) (Expenses \$788,300. including grants of \$) (Revenue \$	11,788.
	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.	
4b	(Code:) (Expenses \$ 621,496. including grants of \$) (Revenue \$)
	SEE SCHEDULE O	
40	Code:) (Expenses \$ 146,812. including grants of \$) (Revenue \$	
40		
	SEE SCHEDULE O	
4d	d Other program services (Describe on Schedule O.) SEE SCHEDULE O	
	(Expenses \$\(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\	
_	Total program service expenses ► 1,683,352.	
JSA 1E1	A 1020 1.000	Form 990 (2021)

6016IX K369 187100 Form 990 (2021) Page 3
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,"	<u> </u>		- 21
Ū	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	_		21
•	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	-		
10	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,	10		Λ
• • •	VII, VIII, IX, or X, as applicable.			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а		11a	Х	
h	complete Schedule D, Part VI	па	Λ	
D		446		v
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	44.		37
الد	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	44.1		3.5
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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,			
	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		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	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?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part	Checklist of Required Schedules (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
·	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
2 5 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		21
D	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	235		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			21
	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,			
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		Х
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			21
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	31		
JZ	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		21
55	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,			- 21
0.7	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Jou		
	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	000		
	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			
٠.	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	<u> </u>		
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	22 Concessed Contessed and cooperate of field to daily into in their daily and the first first first first		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	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	x	

Form	990 (2021)		F	Page 5
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 2a 24			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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			3.7
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.		
_	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	7a		Х
	and services provided to the payor?	7b		Λ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
ч	If "Yes," indicate the number of Forms 8282 filed during the year			21
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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:			
	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.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	1 Ja		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
^	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		Х
	If "Yes." complete Form 6069.			

Form **990** (2021)

Form 990 (2021) Page **6**

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 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, 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			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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.	40.		
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	426	37	
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
	describe on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b	X	
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	- 5.0		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	-		. ,
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s 🕨		
	LISA HICKMAN 200 EXECUTIVE DRIVE, SUITE 200 MARION, OH 43302			

740-382-5452

Form 990 (2021) Page **7**

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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 (list any hours for related organizations below	Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Highest compensated employee Officer Institutional trustee Or director Officer Or director Officer			an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
	dotted line)	96	stee		nsated				
(1) MARBELLA CÁCERES ASSISTANT DIRECTOR (2) LISA HICKMAN	37.50 NONE 37.50	Х		Х			71,362.	NONE	33,623.
EXECUTIVE DIRECTOR	NONE	Х		Х			82,727.	NONE	19,515.
(3) CATHY RUIZ	0.50								
PARENT REP	NONE	Х					NONE	NONE	NONE
(4) JACK BROWNLEY	1.00								
PAST PRESIDENT	NONE	Х		Х			NONE	NONE	NONE
(5) CHRISTINE FRANCE	1.00								
TREASURER	NONE	Х		Х			NONE	NONE	NONE
(6) JUDITH DUNHAM	0.50								
REGIONAL ORGANIZATION REP	NONE	Х					NONE	NONE	NONE
(7) FRANCES BAUER-MORROW	1.00								
SECRETARY	NONE	Х		Х			NONE	NONE	NONE
(8) DONNA STELZER	0.50								
STATEWIDE ORGANIZATION REP	NONE	Х					NONE	NONE	NONE
(9) WILLIAM BAGNOLA	1.00								
PRESIDENT	NONE	Х		Х			NONE	NONE	NONE
(10) GINNY BRYAN	0.50								
PARENT REP	NONE	Х					NONE	NONE	NONE
(11) MIA BUCHWALD GELLES	0.50								
PARENT REP	NONE	Х					NONE	NONE	NONE
(12) DEE MARKS	1.00								
VICE PRESIDENT	NONE	Х		Х			NONE	NONE	NONE
(13) JUNDSON DUNHAM	0.50								
PARENT REP	NONE	Х					NONE	NONE	NONE
(14)									

Pa	rt VII Section A. Officers, Directors, Tru	1	y En	plo	ye	es,	and F	ligl	hest Compensat	ed Employ	yees (c	ontinue	d)	
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average hours per week (list any	box,	unle	heck ss pe	erson	e than o	an	Reportable compensation from	Reporta compensati relate	on from	amo	mated ount of ther	
		hours for related organizations below dotted line)	office Individual trustee or director	Institutional trustee	a Officer	Key employee	Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organiza (W-2/1099		fro orga and	ensatior m the nization related nizations	
1b	Sub-total								154,089.		NONE		53,1	
С	Total from continuation sheets to Part VII, S	ection A							NONE		NONE			IONE
	Total (add lines 1b and 1c)								154,089.	<u> </u>	NONE		53,1	38.
	reportable compensation from the organization		nose	iiste	u a	NO	,) re	eceived more than	\$100,000	01			
3	Did the organization list any former office												Yes	No
	employee on line 1a? If "Yes," complete Sched											3		X
4	For any individual listed on line 1a, is the organization and related organizations greater than 1 and	eater than	\$15	0,0	00?	. It	"Yes	5,"	complete Schedu	le J for	such	4		37
5	individual Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on	fron	n any	un	related organization	on or indivi	idual	5		X
Se	ction B. Independent Contractors	cs, compre	10 001	icat	110 0	101	34011	рсп	3011					
1	Complete this table for your five highest comcompensation from the organization. Report of year.													
	(A) Name and business add							(B) Description of se	rvices	С	(C) ompensa	ation		
_														

JSA 1E1055 2.000 6016IX K369 187100

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

2 Total number of independent contractors (including but not limited to those listed above) who received

NONE

Form 990 (2021) Page 9

Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to an	y line in this Part V	/		<u> </u>
				(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					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	11,765.				
	С	Fundraising events 1c					
ifts	d	Related organizations 1d					
פֿיפּֿ	е	Government grants (contributions) . 1e	1,888,664.				
Sin	f	All other contributions, gifts, grants,					
ë ë	-	and similar amounts not included above • 1f	7,437.				
ĔĔ	g	Noncash contributions included in					
뒫	9		\$				
a C	h	Total. Add lines 1a-1f		1,907,866.			
		Total Act miles for the property of the proper	Business Code	,,			
g,	0-	PROGRAM FEES	611710	8,544.	8,544.		
Program Service Revenue	2a	1.00.441. 1220	011/10	0,011.	0,511.		
Sel	b						
E S	C						
gra Re	d						
ဥ	е						
-	f	All other program service revenue Total. Add lines 2a-2f		8,544.			
	g			0,511.			
	3	Investment income (including dividends,		16,934.			16,934
		other similar amounts).		NONE			10,731
	4 5	Income from investment of tax-exempt bond Royalties	-	NONE			
	3	(i) Real	(ii) Personal	INOINE			
	٠-		(.,,				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b Rental income or (loss) 6c NON	E NONE				
	C	rteritar meeme er (1888)	-	NONE			
	d	Net rental income or (loss)	(ii) Other	NONE			
	7a	0.000 ao	(II) Other				
		sales of assets other than inventory 7a 9,558					
		1					
a l	b	Less: cost or other basis					
Revenue	_	and sales expenses 7b Gain or (loss) 7c 9,558					
	q	Cam: 0: (1000) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	9,558.			9,558
Other	d	Net gain or (loss)		5,550.			7,330
ᅙ	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line	NONE				
		1c). See Part IV, line 18					
	b	Less: direct expenses8b		NONE			
	C	Net income or (loss) from fundraising events		NOINE			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
		-					
	b	Less: direct expenses9b		NONE			
	C	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less	NIONIT				
		returns and allowances					
	b c	Less: cost of goods sold Net income or (loss) from sales of inventory		NONE			
-		The modifie of (1000) from sales of invertiory.	Business Code	NONE			
Snc		MISCELLANEOUS DEVIENTE	900099	3,244.	2 244		
Miscellaneous Revenue	11a	MISCELLANEOUS REVENUE	200033	3,244.	3,244.		
Ver	b						
Sce	C	All all an according					
Ξ̈́	d	All other revenue		3 044			
		Total revenue See instructions		3,244.	11 500		26.402
JSA	12	Total revenue. See instructions		1,946,146.	11,788.		26,492 Form 990 (2021
1E105) 16IX K369		187100			FOITH 330 (2021)
	00	TOTA 1/302		10/100			

Form 990 (2021) Page **10**

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 resp	onse or note to any lin	e in this Part IX		
	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	207,227.	207,227.		
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	1,019,875.	937,228.	70,868.	11,779.
8	Pension plan accruals and contributions (include	NONE			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	351,082.	332,237.	15,607.	3,238
10	Payroll taxes	62,974.	60,039.	2,431.	504
	Fees for services (nonemployees):				
а	Management	927.		306.	621
b	Legal	NONE			
С	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	0.4. 5.00	45.064	20 520	
	(A), amount, list line 11g expenses on Schedule O.)	84,502.	45,964.	38,538.	
	Advertising and promotion	150.	5.	145.	
13	Office expenses	37,853.	30,740.	7,106.	7
14	Information technology	NONE			
15	Royalties	NONE	22 450		206
16	Occupancy	33,748.	33,452.	0.40	296
17	Travel	2,868.	2,028.	840.	
18	Payments of travel or entertainment expenses	NONE			
	for any federal, state, or local public officials	NONE		005	
	Conferences, conventions, and meetings	905.		905.	
	Interest	NONE			
21		NONE 3,950.		3,950.	
22	Depreciation, depletion, and amortization	7,269.		7,269.	
	Insurance	1,209.		1,209.	
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.)				
_	TRAINING	21,718.	21,197.	521.	
	SUPPLIES	16,939.	13,090.	3,849.	
	OTHER EXPENSES-PROGSERV-990	3,792.	136.	3,656.	
	DUES AND SUBSCRIPTIONS	400.	130.	400.	
		350.	9.	341.	
	All other expenses Total functional expenses. Add lines 1 through 24e	1,856,529.	1,683,352.	156,732.	16,445
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	1,030,329.	1,003,352.	130,732.	10,445
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in	this Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,091,403.	1	1,061,031.
	2	Savings and temporary cash investments	1,258,658.	2	1,182,538.
	3	Pledges and grants receivable, net	8,042.	3	51,449.
	4	Accounts receivable, net		4	NONE
	5	Loans and other receivables from any current or former officer, dire			
		trustee, key employee, creator or founder, substantial contributor, or	35%		
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as def			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(6	NONE
Š	7	Notes and loans receivable, net	-		NONE
Assets	8	Inventories for sale or use			NONE
As	9	Prepaid expenses and deferred charges		9	24,154.
	_	Land, buildings, and equipment: cost or other	13,073.		21/131.
			676.		
	h		455. 19,172.	100	15,221.
	11	Investments - publicly traded securities	·	11	253,166.
	12	Investments - other securities. See Part IV, line 11			NONE
	13	Investments - program-related. See Part IV, line 11.			NONE
	14				NONE
	15	Intangible assets			
		Other assets. See Part IV, line 11			NONE
_	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	2,587,559.
	17	Accounts payable and accrued expenses		17	108,561.
	18	Grants payable			NONE
	19	Deferred revenue	l	19	4,438.
	20	Tax-exempt bond liabilities			NONE
	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, dire			
Ĭ		trustee, key employee, creator or founder, substantial contributor, or			
<u>ia</u>		controlled entity or family member of any of these persons			NONE
_	23	Secured mortgages and notes payable to unrelated third parties			NONE
	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 Pa			
		of Schedule D		25	NONE
	26	Total liabilities. Add lines 17 through 25	243,761.	26	112,999.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	2,356,668.	27	2,474,560.
B	28	Net assets with donor restrictions	· · · · · · · · · · · · · · · · · · ·		NONE
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Net Assets or	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	
ٽِ ک	32	Total net assets or fund balances		32	2 171 560
Š	33	Total liabilities and net assets/fund balances	, ,	33	2,474,560. 2,587,559.
	100	Total national and not appoint and palations, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	2,000,429.	<u> </u>	Form 990 (2021)

6016IX K369 187100 Form 990 (2021) Page **12**

	(/					
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,9		
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,8		
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>617</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u>2,3</u>	<u>56,</u>	<u>668</u> .
5	Net unrealized gains (losses) on investments	5			28,	<u> 275</u>
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		2,4	74,	<u>560</u> .
Part	· · ·					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>			
			1		Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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 con	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 audi	ted 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	ersigh	t of			
	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	крlain	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	th in	the			
	Single Audit Act and OMB Circular A-133?		. 	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	ıdits .		3b	X	
				Form	990	(2021)

6016IX K369 187100

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.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization OHIO COALITION FOR THE EDUCATION OF CHILDREN

WI7	ГΗ	DISABILITIES					31-0	932170
Pa	rt I	Reason for Public Cha	rity Status. (All	organizations must	complet	te this p	art.) See instruction	S.
The	org	ganization is not a private fou	indation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of ch	urches, or associa	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	ion 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
		$_{\neg}$ hospital's name, city, and s						
5		An organization operated		a college or universit	y owne	d or ope	rated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (0						
6	_	A federal, state, or local go	_			•	, , , , , , ,	
7	X				pport fr	om a go	vernmental unit or fr	om the general public
_		described in section 170(b)			D (II)			
8		A community trust describe					l ta a a a tropagata a contra	land mant callens
9		An agricultural research or	-			-	-	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	ir the college of
10		university: An organization that norma	ally receives (1) me	oro than 331/2% of its	cupport	from cor	atributions mambareh	oin face, and grace
		receipts from activities rela support from gross investm acquired by the organization	ated to its exempt finent income and upon after June 30, 1	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 Part III.)	n 331/3 % of its
11 12		An organization organized An organization organized	•	•	•			rry out the nurneese of
12		one or more publicly suppo	•	•				
		the box on lines 12a through	=					
•	Г	Type I. A supporting org		• • • • • • • • • • • • • • • • • • • •			·	· · · · ·
а	L	the supported organization	•	•			• , ,	
		supporting organization.				ajority of	the directors of truste	Ges of the
b		Type II. A supporting org	-			with its	supported organizati	on(s) by having
-		control or management of	-					
		organization(s). You must		=				3
С		Type III functionally inte	•		ited in c	onnectio	n with, and functiona	lly integrated with,
		its supported organization						,
d		Type III non-functionally		•				ted organization(s)
		that is not functionally into	egrated. The orgar	nization generally mus	t satisfy	a distrib	ution requirement an	d an attentiveness
	_	requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.	
е		Check this box if the orga	anization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type	II, Type III
		functionally integrated, or		ionally integrated sup	porting o	organizat	ion.	
f		nter the number of supported						
g		rovide the following information			ı			1
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	` '	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
. - ,								
Tota	al							

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

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,255,907.	2,118,305.	2,211,866.	2,033,003.	1,907,866.	10,526,947.
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	2,255,907.	2,118,305.	2,211,866.	2,033,003.	1,907,866.	10,526,947.
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						10,526,947.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2,255,907.	2,118,305.	2,211,866.	2,033,003.	1,907,866.	10,526,947.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18,345.	25,957.	36,888.	29,008.	16,934.	127,132.
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.)SEE.SUPP.PAGE				753.	3,244.	3,997.
11	Total support. Add lines 7 through 10						10,658,076.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	12,442.
13	First 5 years. If the Form 990 is for organization, check this box and stop here			, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup						
14	Public support percentage for 2021 (li			, , ,		14	98.77 %
15	Public support percentage from 2020					15	98.84 %
16a	331/3% support test - 2021. If the org	•		•		•	
	box and stop here. The organization quality to the stop here.						
b	331/3% support test - 2020. If the org						
47-	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization	_					
	Part VI how the organization meets					•	•
	organization			•	•		
h	10%-facts-and-circumstances test - 2						
b	15 is 10% or more, and if the organization	•	•		•		
	in Part VI how the organization meets					•	•
	organization			•	•		• •
18	Private foundation. If the organization						
	instructions						

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						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(-) 0047	(h) 0040	(2) 0040	(4) 0000	(2) 0001	(E) T-1 1
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 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						▶ 🔃
Sec	tion C. Computation of Public Supp	oort Percenta	ge				
15	Public support percentage for 2021 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investment	t Income Perd	centage				
17	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020 S					18	%
19 a	331/3% support tests - 2021. If the or	ganization did r	not check the bo	ox on line 14, ar	nd line 15 is me	ore than 331/3%	, and line
	17 is not more than 331/3 %, check this	s box and stop	here. The orga	nization qualifies	as a publicly su	upported organiza	ation ►
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than $331/3\%$, check						
20	Private foundation If the organization of	did not check	a how on line '	1 10a or 10h	check this ho	v and see instru	ictions -

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.	1
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3
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.	3

- 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.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No а b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

Page 5 Schedule A (Form 990) 2021

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44=		
h	11c below, the governing body of a supported organization?	11a 11b		
	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110		
·	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	10		
	71 11 0 0		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		
Secti	on C. Type II Supporting Organizations	2		
Ocoti	on or type in supporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Did the expeniention provide to each of its supported expenientions, by the local day of the fifth 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).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			,
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e insti	Yes	
2	Activities Test. Answer lines 2a and 2b below.		162	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		
L				
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. Answer lines 3a and 3b below.			
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.	3b		
	or its supported organizations: ir rest describe in rait vi the role played by the organization in this legalu.	ı JD	ı	1

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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) 2021
 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)		
tion D - Distributions		Current Year
Amounts paid to supported organizations to accomplish exempt purposes	1	
Amounts paid to perform activity that directly furthers exempt purposes of supported		
organizations, in excess of income from activity	2	
Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
Amounts paid to acquire exempt-use assets	4	
Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
Other distributions (describe in Part VI). See instructions.	6	
Total annual distributions. Add lines 1 through 6.	7	
Distributions to attentive supported organizations to which the organization is responsive		
(provide details in Part VI). See instructions.	8	
Distributable amount for 2021 from Section C, line 6	9	
Line 8 amount divided by line 9 amount	10	
	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6	Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Bistributable amount for 2021 from Section C, line 6

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
_3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990 or 990-EZ) 2021

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

SCHEDULE A, PART II - OTHER INCOME						
DESCRIPTION	2017	2018	2019	2020	2021	TOTAL
OTHER INCOME				753.	3,244.	3,997.
TOTALS				753.	3,244.	3,997.

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

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.

Schedule B (Form 990) (2021)

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

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

Employer identification number 31-0932170

art I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$659,471.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$1,145,967.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$57,349.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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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.

Open to Public

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 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 а 2b 2c Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under 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: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Revenue included on Form 990, Part VIII, line 1.

Schedule D (Form 990) 2021 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that 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) 1a Land...... **b** Buildings

97,676.

82,455

Schedule D (Form 990) 2021

15,221

15,221

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

c Leasehold improvements......d Equipment.....

Part VII	Investments - Other Securities.		
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financi	al derivatives		

Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11b. See Form 990,	, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Part VIII Investments - Program Related.			
Part VIII Investments - Program Related. Complete if the organization answered	l "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 valuat	
(a) Description of investment	(b) Book value	Cost or end-of-year mark	
<u>(1)</u>		,	
(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.			
Complete if the organization answered	I "Yes" on Form 990), Part IV, line 11d. See Form 990	, Part X, line 15.
(a) De	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
_(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	Una 45 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X Other Liabilities. Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
line 25.			#ND : :
	otion of liability		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4) (E)			
(5) (6)			
<u>(6)</u>			
(7)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 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 1E1270 1.000

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Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
			1 074 401
	Total revenue, gains, and other support per audited financial statements	1	1,974,421.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 28,275.		
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	Defiated convices and use of tabilities [] [] [] [] [] [] [] [] [] [-	
	The control of pilot your grante;	-	
	, , , , , , , , , , , , , , , , , , , ,	2e	28,275.
	Add lines 2a through 2d	3	1,946,146.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1,010,110.
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,946,146.
Part 2		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,856,529.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities		
	Prior year adjustments		
	Other losses		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	1,856,529.
	Amounts included on Form 990, Part IX, line 25, 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	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,856,529.
	Supplemental Information.		Part V. Part
	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforn		
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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

2021

Open to Public Inspection

31-0932170

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

OHIO COALITION FOR THE EDUCATION OF CHILDREN

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

PROMOTE THE EDUCATION OF CHILDREN WITH DISABILITIES BY PROVIDING INFORMATION, SUPPORT AND ASSISTANCE TO FAMILIES, PARENT NETWORKS & ORGANIZATIONS, DISTRICT PERSONNEL AND UNIVERSITIES.

Name of the organization
OHIO COALITION FOR THE EDUCATION OF CHILDREN

Employer identification number
31-0932170

FORM 990, PART III - PROGRAM SERVICE

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

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

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	Employer identification number		
CHILDREN	31-0932	31-0932170	
	·		
RVICES			
=====			
GRANTS	EXPENSES	REVENUE	
	2,531.		
	18,400.		
	19,412.		
	33,523.		
	52,878.		
	126,744.		
	CHILDREN RVICES GRANTS	CHILDREN 31-0932 RVICES ===== GRANTS EXPENSES 2,531. 18,400. 19,412. 33,523. 52,878.	