DLN: 93493127036004 OMB No. 1545-0047 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. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Inspection Treasury For the 2022 calendar year, or tax year beginning 10-01-2022 , and ending 09-30-2023 C Name of organization D Employer identification number B Check if applicable: ALLOY DEVELOPMENT CO INC ☑ Address change 31-1061640 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite ☐ Amended return 1775 MENTOR AVENUE STE 300 300 ☐ Application pending (513) 631-8292 City or town, state or province, country, and ZIP or foreign postal code CINCINNATI, OH 45212 G Gross receipts \$ 6,538,933 F Name and address of principal officer: H(a) Is this a group return for PATRICK N LONGO ☐Yes **☑**No subordinates? 1775 MENTOR AVENUE STE 300 300 H(b) Are all subordinates CINCINNATI, OH 45212 Yes No included?  $\Box$  501(c)(3) **У** 501(c) (4) **◄** (insert no.) 4947(a)(1) or If "No," attach a list. See instructions. Website: ► HTTPS://WWW.ALLOYDEV.ORG **H(c)** Group exemption number ▶ L Year of formation: 1983  ${f M}$  State of legal domicile: **K** Form of organization: lacktriangle Corporation lacktriangle Trust lacktriangle Association lacktriangle Other lacktriangle1 Briefly describe the organization's mission or most significant activities: PROMOTION OF ECONOMIC DEVELOPMENT IN HAMILTON COUNTY, THE GREATER CINCINNATI AREA, AND STATE OF OHIO. Activities & Governance Check this box  $\blacktriangleright \sqcup$  if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . . 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 33 Total number of volunteers (estimate if necessary) . . . . 6 14 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 8,186,466 4,282,497 8 Contributions and grants (Part VIII, line 1h) . Ravenue Program service revenue (Part VIII, line 2g) 2,131,508 2,192,539 60,897 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,278 **11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,249 3,000 10,336,501 6,538,933 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,866,492 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 7,001,880 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 2,419,981 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 2,439,006 **Expenses** 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 730,525 1,072,189 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,171,411 6,358,662 19 Revenue less expenses. Subtract line 18 from line 12 . 165,090 180,271 Net Assets or Fund Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 5,524,994 5,924,123 21 Total liabilities (Part X, line 26) . 1,844,622 2,065,473 22 Net assets or fund balances. Subtract line 21 from line 20 . 3,680,372 3,858,650 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2024-05-04 Signature of officer Sign Here PATRICK N LONGO PRESIDENT Type or print name and title Print/Type preparer's name Preparer's signature Date Check | if 2024-05-04 P01225377 Paid self-employed Firm's name ► CLARK SCHAEFER HACKETT & CO Firm's EIN ► 31-0800053 **Preparer** Use Only Firm's address ▶ 1 EAST 4TH STREET Phone no. (513) 241-3111 CINCINNATI, OH 45202 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2022)

Form	990 (2	022)					Page <b>2</b>
Pa	irt III	Statement of Pro	ogram Service A	ccomplis	hments		
		Check if Schedule O	contains a response	or note to a	any line in this Part III .		🗆
1	Briefly	describe the organiza	ation's mission:				
	/E AS A E OF O		IVING FORCE PROM	OTING ECO	NOMIC DEVELOPMENT I	N HAMILTON COUNTY, GREATER CI	NCINNATI AND THE
2	Did th	e organization underta	ake any significant p	orogram serv	vices during the year wh	nich were not listed on	
	the pr	ior Form 990 or 990-E	Z?				☐ Yes ☑ No
	If "Yes	s," describe these new	services on Schedu	ıle O.			
3	Did th	e organization cease o	conducting, or make	significant o	changes in how it condu	cts, any program	
	servic	es?					🗌 Yes 🗹 No
	If "Yes	s," describe these char	nges on Schedule O				
4	Sectio		c)(4) organizations	are required	to report the amount of	largest program services, as measur f grants and allocations to others, th	
4a	(Code:	)	(Expenses \$	4,123,487	including grants of \$	2,866,492 ) (Revenue \$	122,066 )
	See Ad	lditional Data					
4b	(Code:	) Iditional Data	(Expenses \$	1,177,696	including grants of \$	0 ) (Revenue \$	2,073,473 )
4c	(Code:	)	(Expenses \$		including grants of \$	) (Revenue \$	)
4d	Other	program services (De	scribe in Schedule (	D.)			
	(Expe	nses \$	includir	ng grants of	\$	) (Revenue \$	)
4e	Total	program service ex	penses >	5,301,1	83		

19

Nο

Nο

No

Form	990 (2022)			Page <b>3</b>
Par	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		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🗳	2	Yes	
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		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
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		No
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		No
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 "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or $X$ , as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
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		No

- - Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

    - 18 19
  - Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .
  - 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21
- government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . . Form **990** (2022)

rm s	990 (2022)			Page •
Part	Checklist of Required Schedules (continued)			
_			Yes	No
	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		No
	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
	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		No
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		
d	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
)	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>			No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
9	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
ari	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
			Yes	No
•	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   29	ı I		1

1b

**b** Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .

0

1c

Yes

orm	990 (2022)			Page <b>5</b>
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
_	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	_		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b		
	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).	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
	solicit any contributions that were not tax deductible as charitable contributions?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	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		
LO	Section 501(c)(7) organizations. Enter:			
_	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
L1	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from members or shareholders			
D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	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?  If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

OLITI	990 (2022)			Page <b>6</b>
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Part VI	o" resp	onse to	<b>✓</b>
Se	ection A. Governing Body and Management			
1.	Enter the number of voting members of the governing body at the end of the tax year   1a   14	$\vdash$	Yes	No
14	Enter the number of voting members of the governing body at the end of the tax year  14  If there are material differences in voting rights among members of the governing			
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 14			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	<b>8</b> b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
		100		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
			Yes	
b	form?		Yes Yes	
b 12a	form?	11a		
b 12a b	form?	11a 12a	Yes	
b 12a b	form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on	11a 12a 12b	Yes Yes	
b 12a b c	form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	11a 12a 12b	Yes Yes	
b 12a b c	Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.  Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	
b 12a b c 13 14	form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent	11a 12a 12b 12c 13	Yes Yes Yes	
b 12a b c 13 14	form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14	form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15	Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b	pescribe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b 16a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Ection C. Disclosure  List the states with which a copy of this Form 990 is required to be filed▶  Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Ection C. Disclosure  List the states with which a copy of this Form 990 is required to be filed▶  Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes	No

Part VII

PRESIDENT

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list  Check this box if neither the organization no			ion c	omn	ens	ated a	anv (	current officer. dire	ctor, or trustee	
(A)  Name and title	(B) Average hours per week (list any hours	Position that pers	on (do an on on is	(C) o not e bo both	t che x, u n an		ore er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
(1) LAURENCE JONES CHAIR, BOARD OF DIRECTORS	1.00	Х		х				0	0	C
(2) THOMAS SAELINGER VICE-CHAIR, BOARD OF DIRECTORS	1.00	Х		х				0	0	C
(3) DANIEL GEEDING TREASURER, BOARD OF DIRECTORS	1.00	Х		х				0	0	C
(4) LISA DIEDRICHS SECRETARY, BOARD OF DIRECTORS	1.00	X		х				0	0	(
(5) BETH ROBINSON	1.00	X						0	0	(
MEMBER, BOARD OF DIRECTORS  (6) BRENDAN BURNS	1.00	X						0	0	(
MEMBER, BOARD OF DIRECTORS (7) JACK WYANT	1.00 1.00	X						0	0	
MEMBER, BOARD OF DIRECTORS  (8) JOE RICKARD	1.00 1.00	^								
MEMBER, BOARD OF DIRECTORS	1.00	×						0	0	1
(9) JOHN STIEGER MEMBER, BOARD OF DIRECTORS	1.00	Х						0	0	1
(10) KYLA WOODS MEMBER, BOARD OF DIRECTORS	1.00	Х						0	0	(
(11) LISA HINTON MEMBER, BOARD OF DIRECTORS	1.00	Х						0	0	(
(12) MICHA MEYER MEMBER, BOARD OF DIRECTORS	1.00	Х						0	0	(
(13) DAVE JACKSON MEMBER, BOARD OF DIRECTORS	1.00	Х						0	0	(
(14) MARKEIA CARTER MEMBER, BOARD OF DIRECTORS	1.00	Х						0	0	(
(15) JOE HUBER MEMBER (TERM LIMIT 12/31/22)	1.00	Х						0	0	(
(16) SHELIA MIXON MEMBER (TERM LIMIT 12/31/22)	1.00	Х						0	0	(
(17) PATRICK LONGO	1.00 27.00			X				211,066	0	48,952

13.00

Page 8

(A) Name and title	(B) Average hours per week (list any hours	than o	one bo	ox, u ın off	ot che unles fficer	eck moss ss pers r and a tee)	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estima amount o compen from	ated of other esation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organizat relat organiza	ted
(18) KRISTI REYNEK	27.00			х		<u> </u>		118,545	0		29,675
SR. VP, FINANCE/HR	13.00	<u> </u>	Щ	<u> </u>	<u></u>	<u> </u> '	<u> </u> '	,	<b></b>	<u> </u>	
(19) HARRY BLANTON	40.00			x	'	1 '		175,515	0	,	17,728
SK. VP/ED DIRECTOR			$\sqcup$	—′	<u></u>	<b></b> ′	<u> </u>	<u> </u>	<del> </del>	<u> </u>	
(20) ANDREW YOUNG SR. VP/COMMERCIAL CAPITAL	40.00	ļ '		x		'		168,644	0	,	8,025
(21) CATHERINE FITZGERALD VICE PRESIDENT/ED DIRECTOR				х				127,779	0		32,599
(22) JONATHAN MAIN	40.00	<u> </u>		х				136,677	0	,	44,078
(23) AMANDA FORSEE			$\longmapsto$	-	<del></del>	<del></del>	$\vdash$	<del>                                     </del>	<del>                                     </del>	-	
LOAN OFFICER	40.00	ļ '		( '	'	×		103,134	. 0	,	2,727
(24) IEEE HASADIS			$\vdash$	$\Box$	<del>     </del>	$\vdash \vdash$	$\vdash$	-		<del>                                     </del>	
SENIOR CREDIT MANAGER	40.00	<b></b> '		( '	'	X		113,798	0		13,521
(25) DOB HASKING	40.00			$\Box$	$\vdash$	$\vdash$	$\vdash$	+			
LOAN OFFICER		<b></b> '		( '	'	X		143,057	0		6,337
								!			
1b Sub-Total		<del></del>	<del>'</del>		<del></del>	<b>/</b>		<del></del>		<u>I</u>	
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	/II, Section A .				<b>&gt;</b>	<u>:</u> [		1,298,215	0		203,642
Total number of individuals (including but of reportable compensation from the organization)	t not limited to t					-	ceiv				
				—	—		—			Yes	No
3 Did the organization list any former offic line 1a? If "Yes," complete Schedule J for	,				•		-		mployee on 3		No
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual	sum of reportaleater than \$150	ble com ),000? i	ipensa If "Ye:	ations," c	n an comi	d othe	er co Sche •	ompensation from the dule J for such	:he4	Yes	
5 Did any person listed on line 1a receive o services rendered to the organization?If "	•				•		-	-		100	No
Section B. Independent Contractors				_	_		—				
Complete this table for your five highest of from the organization. Report compensations.	compensated in									nsation	
	(A)	luar yea	ar enc	Jiriy	WILI	1 OI W	Turnin		(B)	(C	
-	business address								tion of services	Compen	nsation
MCANDREWS GLASS								WINDOW REPL	ACEMENT		490,170
820 STATE AVE CINCINNATI, OH 45204											122.256
CENTER TITLE LLC								LOAN TITLES			138,956
600 VINE STREET SUITE 2500 CINCINNATI, OH 45202										<u> </u>	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization  $\blacktriangleright$  2

The control is contained a contained as recommend or make 30 a.y. then this hard You   Subsect on the contained arrange gives   1a   1a   1a   1a   1a   1a   1a   1			(2022) Statement	of F	Pevenue						Page <b>9</b>
Total revenue   Packet or Packet o	ган	VIII				a resp	onse or note to any	line in this Part VIII			🗆
1						·		(A)	(B) Related or exempt function	Unrelated business	Revenue excluded from tax under sections
1   1   1   1   1   1   1   1   1   1		1a	Federated campaig	gns		1a		L	revenue		312 314
March   Marc	anta	b	Membership dues			<b>1</b> b					
Business Code	S F		_		·						
Business Code	Sifts		_		ibutions)		4.256.000				
Business Code	ns. ( Simi				Ļ	1e	4,230,090				
Business Code	er S		and similar amounts above	not ir	ncluded	1f	26,407				
Sub-lease Code   1,740,772	를 움	g	Noncash contribution lines 1a - 1f:\$	s incl	uded in	1q					
Sub-lease Code   1,740,772	Com and	h	Total. Add lines 1a	a-1f			•	4,282,497			
Description   Subject							Business Code				
F. All other programs service revenue.	an an	2a	LENDING SERVICE &	ENDING SERVICE & PROC				1,740,472	1,740,472		
F. All other programs service revenue.	nue	ь	RENTAL INCOME				532000	330,000	330,000		
F. All other programs service revenue.	æ		ECONOMIC DEVELOP	MENT	Г			122,067	122,067		
Total Add lines 2a-2f.	.vice	`					525990				
F. All other programs service revenue.	æ	d	l								
F. All other programs service revenue.	gran	ے ا									
9 Total. Add lines 2a-2f	Æ						+				
Threatment income (including dividends, interest, and other similar amounts)			· -								
Semilar amounts   Semilar am		⊢									T
S Royalties		5	similar amounts) .	•			•	` <u> </u>			60,897
Basic contents be Lass; rental expenses contents						• mpt t					
b Less: rental expenses c Rental income or (ioss) d Net rental income or (ioss)  1 A Gross amount of the interest of the inter					(i) Re	al	(ii) Personal				
expenses   6b		6a	Gross rents	6a							
Ta Gross smourt rouns sales of a seast so ther than income or (loss)  (I) Securities (ii) Other  Ta Gross smourt rouns sales of a seast so ther than investory  b Less: cost or other basis and sales expenses  c Gain or (loss)  To d Net gain or (loss)  To d Net gain or (loss)  To contributions reported on line 1c).  See Part IV, line 18		b									
Ta Gross smouth from sales of assets other than inventory   Ta Gross smouth from sales of assets other than inventory		c	Rental income					-			
Ta Gross amount from sales of growth from sales of then inventory and sales over the sales of growth from sales of then inventory and sales over the sales of the sales over the sales of the sales over			` '		(loss)						
From sales of assets other when inventory   7a			· Net rental income								
assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss)  A Gross income from fundraising events (not including s contributions reported on line 1c). See Part IV, line 18		7a	Gross amount	7a				1			
other basis and sales expenses  c Gain or (loss)  d Net gain or (loss)  d Net gain or (loss)  for including \$ for contributions reported on line 1c).  See Part IV, line 18			assets other	-							
Sales expenses		b		7b							
d Net gain or (loss)								_			
Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18											
(not including s of contributions reported on line 1c). See Part IV, line 18								1			
9a Gross income from gaming activities. See Part IV, line 19 9b	ıne		(not including \$		of						
9a Gross income from gaming activities. See Part IV, line 19 9b	eve eve					8a					
9a Gross income from gaming activities. See Part IV, line 19 9b	ř. Ř										
9a Gross income from gaming activities. See Part IV, line 19 9b	the	0	: Net income or (los	ss) fr	om fundrai:	sing e	vents				
b Less: direct expenses 9b	U	9a	Gross income from See Part IV. line 19	gami	ing activities	- 1					
c Net income or (loss) from gaming activities .    10aGross sales of inventory, less returns and allowances .   10a    b Less: cost of goods sold .   10b    c Net income or (loss) from sales of inventory .    Miscellaneous Revenue   Business Code   11aBAD DEBT RECOVERY   900099   3,000   3,000    b    c    d All other revenue   e Total. Add lines 11a-11d		b				F		-			
returns and allowances 10a   10b						activi	ties				
returns and allowances 10a   10b		10	aGross sales of inve	entor	rv. less						
c Net income or (loss) from sales of inventory . ▶       Miscellaneous Revenue       Business Code         11aBAD DEBT RECOVERY       900099       3,000         b       C       C         d All other revenue			returns and allowa	nces	5	10	1				
Miscellaneous Revenue       Business Code         11aBAD DEBT RECOVERY       900099         3,000         c         d All other revenue         e Total. Add lines 11a-11d											
b  c  d All other revenue  e Total. Add lines 11a-11d						rınver					
d All other revenue       ■         e Total. Add lines 11a-11d		11	BAD DEBT RECO	/ERY	,		90009	9 3,000	3,000		
d All other revenue       ■         e Total. Add lines 11a-11d		_									
d All other revenue		<sup>E</sup>	•								
d All other revenue		,					-				<del> </del>
e Total. Add lines 11a–11d											
3,000   3,000   6,538,933   2,195,539   0   60,897		6	All other revenue	•							
6,538,933 2,195,539 0 60,897		e	<b>Total.</b> Add lines 1	1a-1	L1d	•	•	3,000			
Form 000 (2022)		12	<b>Total revenue.</b> S	ee ir	nstructions			6,538,933	2,195,539	(	

Р	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must	complete all columns.	All other organizatio	ns must complete col	umn (A).
	Check if Schedule O contains a response or note to a	ny line in this Part IX			$\square$
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,866,492	2,866,492		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,119,282	906,057	213,225	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,037,149	972,321	64,828	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	51,376	48,031	3,345	
9	Other employee benefits	89,658	89,658		
10	Payroll taxes	122,516	106,460	16,056	
11	Fees for services (non-employees):				
ā	a Management				
ŀ	Legal	27,472	25,087	2,385	
(	Accounting	28,259	26,852	1,407	
c	d Lobbying				
e	Professional fundraising services. See Part IV, line 17				
	Investment management fees			<u> </u>	
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	189,755	135,704	54,051	
12	Advertising and promotion	121,233	26,113	95,120	
13	Office expenses	25,208	6,827	18,381	
	Information technology				
	Royalties				
	Occupancy	393,762	39	393,723	
	Travel	63,516	52,912	10,604	
	Payments of travel or entertainment expenses for any federal, state, or local public officials		,		
19	Conferences, conventions, and meetings				
20	Interest	18,450	6,104	12,346	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	133,788		133,788	
23	Insurance	33,469		33,469	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a DUES AND SUBSCRIPTIONS	20,601	15,850	4,751	
	b LENDING SERVICE EXPENSE	13,222	13,222		
	c RECRUITING	3,454	3,454		
	d				
	e All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,358,662	5,301,183	1,057,479	0
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				
			L		Form <b>990</b> (2022)

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30 Intangible assets .

Grants payable .

End of year

Page **11** 

368.471

7,483

1,715,575

113,264

5,924,123

580,248

29.450

1,264,371

191,404

2.065.473

3.821,965

3,858,650

5,924,123

Form 990 (2022)

36,685

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

1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	3,058,169	2	3,148,09
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	381.140	4	571.23

Beginning of year

436.295

21,080

1,513,053

115,257

5,524,994

516,591

9.000

1,101,688

1.844.622

3,680,372

3,680,372

5,524,994

217,343

7

8

9

10c

11

12 13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6

Notes and loans receivable, net . . . Assets Inventories for sale or use . .

Prepaid expenses and deferred charges .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

or family member of any of these persons . . .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Deferred revenue . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

Total assets. Add lines 1 through 15 (must equal line 33) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

b Less: accumulated depreciation

10a 10b

Investments—publicly traded securities . Investments—other securities. See Part IV, line 11 .

6.771,879 Investments—program-related. See Part IV, line 11

5,056,304

☐ Both consolidated and separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

2b

2c

3a

3b

Yes

Yes

Yes

Yes Form 990 (2022)

**b** Were the organization's financial statements audited by an independent accountant?

Consolidated basis

consolidated basis, or both:

Audit Act and OMB Circular A-133?

☐ Separate basis

### **Additional Data**

Software ID:

THE ECONOMIC DEVELOPMENT DIVISION SERVES AS A COMPREHENSIVE ECONOMIC DEVELOPMENT ENTITY IN HAMILTON COUNTY. THE DIVISION SEEKS TO IMPROVE THE

Software Version:

**EIN:** 31-1061640

Name: ALLOY DEVELOPMENT CO INC.

Form 990 (2022) Form 990, Part III, Line 4a:

ECONOMIC WELL-BEING OF THE COMMUNITIES AND BUSINESSES IT SERVES VIA ECONOMIC DEVELOPMENT PROGRAMMING.

#### Form 990, Part III, Line 4b: THE COMMERCIAL CAPITAL DIVISION ASSISTS BUSINESSES VIA THE U.S. SMALL BUSINESS ADMINISTRATION CERTIFIED DEVELOPMENT COMPANY LOAN PROGRAM AND THE OHIO REGIONAL 166 LOAN PROGRAM.

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493127036004

2022

OMB No. 1545-0047

## **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

Department of the Treasury

(Form 990)

Na	me of the organization					yer identificatio	number
ALL	OY DEVELOPMENT CO INC				31-106	1640	
Pa	organizations Maintaining Donor Advis						
	Complete if the organization answered "Yes			sed funds	(b	) Funds and other	accounts
1	Total number at end of year				<u> </u>	,	
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's exc						] Yes □ No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor,	or for	any other purpose		impermissible _	] Yes □ No
Pa	rt II Conservation Easements.	a" an Farm 000	Dout.	IV line 7			
1	Complete if the organization answered "Yese Purpose(s) of conservation easements held by the organ						
•	Preservation of land for public use (e.g., recreation	•	Lilar at	Preservation of ar	historical	lly important land	area
		ioi educacion)					aı Ca
	☐ Protection of natural habitat		П	Preservation of a	certified h	istoric structure	
	☐ Preservation of open space						
2	Complete lines 2a through 2d if the organization held a ceasement on the last day of the tax year.	qualified conserva	tion co	ntribution in the fo		nservation  Held at the End	of the Year
а	Total number of conservation easements				2a		
b	Total acreage restricted by conservation easements				2b		
С	Number of conservation easements on a certified historic	structure include	d in (a	)	2c		
d	Number of conservation easements included in (c) acquire historic structure listed in the National Register	red after July 25,	2006, a	and not on a	2d		
3	Number of conservation easements modified, transferred tax year ▶	d, released, exting	guished	, or terminated by	the organ	ization during the	
4	Number of states where property subject to conservation	n easement is loca	ated 🕨				
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds	e periodic monito	ring, in 	spection, handling	of violatio	ns,	□ No
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of \	riolatio	ns, and enforcing c	onservatio	on easements duri	ng the year
7	Amount of expenses incurred in monitoring, inspecting,  ▶ \$	handling of violati	ons, ar	nd enforcing conser	rvation eas	sements during th	e year
8	Does each conservation easement reported on line 2(d)				.70(h)(4)(	B)(i)	
	and section $170(h)(4)(B)(ii)$ ?					☐ Yes	□ No
9	In Part XIII, describe how the organization reports const balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the or					
Par	Organizations Maintaining Collections Complete if the organization answered "Yes	of Art, Histori			ner Simil	lar Assets.	
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statement	ic exhibition, educ	ation,	or research in furth			
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:	ic exhibition, educ	ation,	or research in furth	nerance of	public service, pr	ovide the
(	i) Revenue included on Form 990, Part VIII, line 1					<b>&gt;</b> \$	
(i	i)Assets included in Form 990, Part X				1	<u></u> -	
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A				ancial gain	, provide the	
а	Revenue included on Form 990, Part VIII, line 1				1	<b>▶</b> \$	
b	Assets included in Form 990, Part X					<b>▶</b> \$	
For I	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Cat No.	52283D	Schedule D (F	orm 990) 202

Part	1111	Organizations Maintaining Col	lections of A	rt, Histor	ical T	reası	ires, oi	r Other	Similar As	ssets (conti	nued)	
3		the organization's acquisition, accession (check all that apply):										
а		Public exhibition		d		Loan	or exch	ange pro	grams			
b		Scholarly research		е		Othe	r					
С		Preservation for future generations										
4	Provid Part X	de a description of the organization's col	ections and exp	lain how th	ey furt	her the	e organiz	zation's e	xempt purpo	se in		
5		g the year, did the organization solicit o s to be sold to raise funds rather than to								☐ Yes	□ N	lo.
Par	t IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		Form 990	), Part	IV, li	ne 9, o	r reporte	ed an amou			
<b>1</b> a		organization an agent, trustee, custodi led on Form 990, Part X?								Yes	□ N	lo
b	If "Ye	s," explain the arrangement in Part XIII	and complete ti	he fallowing	ı table:				Α	mount		_
c		ning balance	·	_				1c				_
d	_	ons during the year						1d				_
e		butions during the year						1e				_
f		g balance						1f				_
2-		-							- L:I:L:-0	п.,		_
2a		ne organization include an amount on Fo								_	∐ N	10
		s," explain the arrangement in Part XIII	Check here if t	he explanat	ion has	been	provide	d in Part	XIII			
Pal	rt V	<b>Endowment Funds.</b> Complete if the organization answ	ered "Yes" on	Form 990	) Part	TV li	ine 10					
		Complete if the organization and	(a) Current yea		Prior year			ears back	(d) Three ye	ars back (e)	our yea	ırs back
<b>1</b> a	Beginni	ing of year balance										
b '	Contrib	outions										
C	Net inv	estment earnings, gains, and losses										
ď	Grants	or scholarships										
		expenditures for facilities ograms										
f.	Admini	strative expenses										
g	End of	year balance										
2	Provid	de the estimated percentage of the curre	nt year end bal	ance (line 1	g, colu	mn (a	)) held a	ıs:				
а	Board	designated or quasi-endowment <b>&gt;</b>										
b	Perma	anent endowment ►										
С	Term	endowment ►										
	The p	ercentages on lines 2a, 2b, and 2c shou	ld equal 100%.									
3a		nere endowment funds not in the posses ization by:	sion of the orga	nization tha	t are h	eld an	d admin	istered fo	r the		Yes	No
	<b>(i)</b> Ur	nrelated organizations								3a(i)		
		elated organizations								3a(ii)		
		s" on 3a(ii), are the related organization	·			.7				3b		
4		ibe in Part XIII the intended uses of the		endowment	runas.							
Fair	t VI	Land, Buildings, and Equipmer Complete if the organization answ		Form 990	). Part	IV. li	ne 11a	. See Fo	rm 990. Pa	rt X. line 1	0.	
	Descri	ption of property  (a) Cost or oth (investme	er basis (b)	Cost or other					depreciation		ook valu	e
12	and		+		າ.	09,000						209,000
	Land Buildin	gs				18,714	-		4,544,948		-	1,373,766
		old improvements			3,9	,, 17			.,511,540		-	-,5,5,700
		nent				11,356			511,356			0

132,809

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

132,809

1,715,575

Part VII	Investments - Other Securities.	5 . 5 .	1: 441.6 =		V II 10
	Complete if the organization answered "Yes" on Form 990,  (a) Description of security or category  (including name of security)	, Part IV (b) Book value	Co	orm 990, Part (c) Method of st or end-of-yea	valuation:
(1) Financia	ıl derivatives	Value	-		
(2) Closely- (3)Other	held equity interests				
(A)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(H)					
Total. (Colum	in (b) must equal Form 990, Part X, col. (B) line 12.)  Investments - Program Related.	•			
rait VIII	Complete if the organization answered 'Yes' on Form 990,	, Part IV			
	(a) Description of investment		(b) Book value	(c) Me Cost or en	ethod of valuation: d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7) ————					
(8)					
(9)					
(10)					
Total. (Colum Part IX	on (b) must equal Form 990, Part X, col.(B) line 13.)  Other Assets.	<u> </u>			
	Complete if the organization answered 'Yes' on Form 990,  (a) Description	Part IV,	line 11d. See Fo	orm 990, Part X,	line 15. (b) Book value
(1)	(a) Description				(b) book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Colu	ımn (b) must equal Form 990, Part X, col.(B) line 15.)				<b>b</b>
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV,	line 11e or 11f	See Form 990	), Part X, line 25.
1.	(a) Description of liability income taxes				(b) Book value
BORROWER	& TENANT DEPOSITS				191,404
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	on (b) must equal Form 990, Part X, col.(B) line 25.)  or uncertain tax positions. In Part XIII, provide the text of the footn	ote to the	organization's fir	►   nancial statemen	191,404 Its that reports the
	's liability for uncertain tax positions under FIN 48 (ASC 740). Checl				_

1

2

b

3

2

3

4

b

а

Page 4

2e

2e

3

4c

b	Other (Describe in Part XIII.)	4b							
c	Add lines <b>4a</b> and <b>4b</b>							4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)							5	
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts	Wi	th E	хр	en	ses per F	Retur	n.
	Complete if the organization answered 'Yes' on Form 990, Part 1	[V, I	ine	12a					
1	Total expenses and losses per audited financial statements							1	

2a

2h

2c

2d

4a

2a

2b

2c 2d

4b

### Add lines **4a** and **4b** . . . . . . . . . . . .

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

## 5

Part XIII Supplemental Information

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . .

Other (Describe in Part XIII.)

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25: 

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Other (Describe in Part XIII.)

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines 2a through 2d . . . . .

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference Explanation Schedule D (Form 990) 2022

Schedule D (Form 990) 2022		Page <b>5</b>
Part XIII Supplemental Info	rmation (continued)	
Return Reference	Explanation	
		Schedule D (Form 990) 2022

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

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

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

OMB No. 1545-0047

Open to Public

DLN: 93493127036004

Inspection

reasury nternal Revenue Service		P GO to WI	101	the latest illiormatic	JII.		
ame of the organization						Employer identific	ation number
LLOY DEVELOPMENT CO INC						31-1061640	
		and Assistance					
<ul><li>Does the organization main the selection criteria used to Describe in Part IV the organization</li></ul>	to award the grants anization's procedur	or assistance? res for monitoring the u	se of grant funds in the U	nited States.			☐ Yes 🗹 No
Part II Grants and Other A	<b>Assistance to Dom</b> than \$5,000. Part II	nestic Organizations a can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1) See Additional Data							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
<ul><li>Enter total number of secti</li><li>Enter total number of othe</li></ul>							308
		f F 000		C-+ N- 50055			- dul- T (F 000) 2022

(Form 990)

Department of the

Schedule I (Form 990) 2022

(7)

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

**Explanation** 

(6)

**Return Reference** 

#### **Additional Data**

STUDIO

6020 HAMILTON AVE CINCINNATI, OH 45224 MINK'D EFFECT BEAUTY LLC

1590 WEST GALBRAITH ROAD CINCINNATI, OH 45231

		Software ID:					
		<b>Software Version:</b>					
		EIN:	31-1061640				
		Name:	ALLOY DEVELOPME	ENT CO INC			
Form 990, Schedule I, Part	II, Grants and	Other Assistance to	Domestic Organiza	tions and Domest	ic Governments.		
(a) Name and address of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash	(f) Method of valuation (book, FMV, appraisal,	<b>(g)</b> Description of non-cash assistance	(h) Purpose of grant or assistance

organization or government	іг арріісаріе	grant	casn assistance	other)	
EXCELLENT RESULTS BEAUTY		10.000	0		

83-1147671

10,000

FINANCIAL ASSISTANCE

FINANCIAL ASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government DONETTA'S PERSONAL TOUCH 85-3813316 10,000 IFINANCIAL ASSISTANCE

6087 MONTGOMERY RD CINCINNATI, OH 45213					
FIRST GENERATION LEADERS OF AMERICA	85-1007398	10,000	0		FINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

11427 REED HARTMAN HWY BLUE ASH, OH 45241

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government

FINANCIAL ASSISTANCE

10.000 BEAUTIFUL BODIES 513 IFINANCIAL ASSISTANCE 3854 READING RD RD CINCINNATI, OH 45229

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LO CONSULTING

3624 KROGER AVE CINCINNATI, OH 45226

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 20-0311932 10.000 BOWMAN'S CERTIFIED IFINANCIAL ASSISTANCE SERVICE'S AVE

IFINANCIAL ASSISTANCE

8.894

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3922 SOUTH MA	ADISON A
NORWOOD, OH	45212

83-4530766

CROCKPOT BLVD

7143 DUNDEE CT CINCINNATI, OH 45231

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

CREO CONSULTING LLC	20-1057019	10,000	0		FINANCIAL ASSISTANCE
11260 CHESTER RD					
CINCINNATI OH 15316					

CINCINNATI, OH 45246 BEEZFLY CLOSET 10.000 FINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7124 MONTGOMERY RD CINCINNATI, OH 45236

organization or government if applicable grant cash assistance (book, FMV, appraisal, other) non-cash assistance or assistance o

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

CENTER 3808 ZINSLE AVENUE CINCINNATI, OH 45213					
TEND 2 OTHERS	84-1935346	10.000	0		FINANCIAL ASSISTANCE

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

ENDEPENDENCE 3731 BORDEN ST CINCINNATI, OH 45223 (b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government 85-3094516 10.000

10.000

IFINANCIAL ASSISTANCE

FINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SHOWCASE BAR & GRILL
12140 SPRINGFIELD PIKE
CINCINNATI OH 45246

8180 MONTGOMERY RD CINCINNATI, OH 45236 46-0704146

DJ INTERIORS LLC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 46-1435440 5.975 ENVY YOUR SELF IFINANCIAL ASSISTANCE 7413 PARK AVE

CINCINNATI, OH 45231 MINKS BY MARIE THE LASH 81-2000422 10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CINCINNATI, OH 45202

IFINANCIAL ASSISTANCE EXPERIENCE LLC 1243 MAIN STREET

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government TOP TIER TRAINING AND 85-2991958 10.000 IFINANCIAL ASSISTANCE

FITNESS LLC 6508 DALY RD CINCINNATI, OH 45224					
POTATOES N THANGS	81-1017496	10.000	0		FINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

POTATOES N THANGS 1818 EMERSON AVENUE

CINCINNATI, OH 45239

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 46-4385327 10.000 IT'S ALL GOOD HAIR APRIL'S IFINANCIAL ASSISTANCE MANE FOCUS LLC

## POCUS LLC

8436 VINE ST

CINCINNATI, OH 45216

LAMIFLOW AIR SYSTEMS 31-1438387 10.000 0 FINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3286 BALSAMRIDGE DRIVE CINCINNATI, OH 45239

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 31-0564784 10.000 KEYSTONE GRAPHICS IFINANCIAL ASSISTANCE

PRINTING & DESIGN 2143 CENTRAL PARKWAY CINCINNATI, OH 45214				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1493 WAYCROSS RD CINCINNATI, OH 45240

M&H LAWN MANICURE 26-4501444 10.000 FINANCIAL ASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government

OUEEN CITY EXCHANGE 47-5510511 10.000 IFINANCIAL ASSISTANCE 32 W COURT ST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

415 GLENSPRINGS DRIVE CINCINNATI, OH 45246

CINCINNATI, OH 45202 AMAZINGANGIIEE 10.000 FINANCIAL ASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 45-4637384 9.928 B & B COMPASSION HANDS IFINANCIAL ASSISTANCE

#### 5133830317 4439 READING RD RD CINCINNATI. OH 45207

349 CALHOUN ST CINCINNATI, OH 45219

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

- FORTUNE CORPORATION LLC 47-5392498 10.000 IFINANCIAL ASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government L ASSISTANCE

FINANCIAL ASSISTANCE

PARAMOUNT ORTHOTICS		10,000	0		FINANCIAL
3730 GROVEDALE PL		Ĭ .			
CINCINNATI, OH 45208					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SPUN BICYCLES LLC

4033 HAMTLTON AVE AVE CINCINNATI, OH 45223

46-0787036

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

FINANCIAL ASSISTANCE

IT FORESIGHT LLC	83-0340540	10,000	0		FINANCIAL ASSISTANCE
1758 EAST MCMILLAN STREET					
CINCINNATI, OH 45206					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DEECAMSOLUTIONSLLC

8974 MOCKINGBIRD LN CINCINNATI, OH 45231

83-1470982

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

HI-BRED LLC	90-0757999	10,000	0		FINANCIAL ASSISTANCE
4041 HAMILTON AVE					
CINCINNATI, OH 45223					

9.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

NATURAL FRESH FOODS

10878 PONDS LN CINCINNATI, OH 45242

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 02-0671629 10.000 POLARIS HEALTH CARE IFINANCIAL ASSISTANCE SOLUTIONS LLC

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

15 WEST 4TH STREET
CINCINNATI, OH 45202
MMG CORPORATE

COMMUNICATION INC 515 WEST LOVELAND AVE LOVELAND, OH 45140

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ANYTIME APPLIANCE REPAIR 10,000 FINANCIAL ASSISTANCE

1750 DEVILS BACKBONE ROAD RD CINCINNATI, OH 45233					
ANNAPURNA FOOD &	83-2092625	10,000	0		FINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GROCERY LLC

3419 3419 ROCKER DR AVE CINCINNATI, OH 45239

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government **JASONRITTERPHOTO** 7.592 IFINANCIAL ASSISTANCE

331 LUDLOW AVE CINCINNATI, OH 45220		.,	-		
SWIFT TRANSFORMATIONS	82-4539787	10,000	0		FINANCIAL A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1805 GLENDON PL CINCINNATI, OH 45237

HC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government KDB ACCOUNTING SERVICES 31-1227796 10.000 IFINANCIAL ASSISTANCE

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CPA TAX SERVICES LLC

6910 SILVERTON AVE CINCINNATI, OH 45236

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) 46-4595477 10.000 828 SWEETWATER IFINANCIAL ASSISTANCE CONCLUTING

3568 ALASKA AVE CINCINNATI, OH 45229			
MSP'S CLEANING SERVICES	81-1267421	8,000	

LLC

11927 EIDER DR DR CINCINNATI, OH 45246

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

GLITZ & GLAM	83-2212548	8,344	0		FINANCIAL ASSISTANCE
4401 GLENWAY AVE					
CINCINNATI OH 45205					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

82-4137069

YISRAEL LLC

11734 ELKWOOD DRIVE CINCINNATI, OH 45240

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government IAL ASSISTANCE

BUZZED BULL CREAMERY	81-0721888	10,000	0		FINANCIA
1408 MAIN ST					
CINCINNATI, OH 45202					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DAKAR AUTO REPAIR LLC 20-5612575

8214 VINE ST

CINCINNATI, OH 45216

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 31-1805969 10.000 ZENITH INTERNATIONAL AUTO IFINANCIAL ASSISTANCE SALES LLC 8214 VINE ST

SALES LLC
8214 VINE ST
CINCINNATI, OH 45216

KIDSVILLE CHILDCARE AND 83-3144900 10.000 0 FINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DEVELOPMENT 3014 AHRENS STREET CINCINNATI, OH 45219

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 85-2087528 10.000 CURVY GIRLS CINCY IFINANCIAL ASSISTANCE

1819 WEST GALBRAITH RD RD CINCINNATI, OH 45239		·			
ACADEMY OF BUSINESS	47-2705655	10.000	0		FINANCIAL A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TRAINING INC

260 NORTHLAND BOULEVARD CINCINNATI, OH 45231

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government JELLYS DAYCARE 93-1531994 10.000 IFINANCIAL ASSISTANCE

150 GLENRIDGE AVE CINCINNATI, OH 45217					
AK CARPENTRY AND	83-1761941	10,000	0		FINANCIAL A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CONSTRUCTION LLC

1760 BERKLEY AVE CINCINNATI, OH 45237

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

FINANCIAL ASSISTANCE

CLOTHING A-1	82-2626550	10,000	0		FINANCIAL A
2701 SPRING GROVE AVE				!	
CINCINNATI, OH 45211				!	

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WILLIAMS ENGINEERING LLC

1836 DANA AVENUE CINCINNATI, OH 45207

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) LEWIS AND CLARK 87-1617673 10 0001 FINANCIAL ASSISTANCE

	-,, -, -	,		l .	
TRANSPORTATION					
2701 SPRING GROVE AVE					
CINCINNATI, OH 45225					
			_		
DEELEE CLEANING AND	47-1979199	10,000	01		FINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DEELEE CLEANING AND CONTRACTING LLC

2616 TOBERMORY CT CINCINNATI, OH 45231

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ROYAL HERITAGE SOLUTIONS 83-1358376 10,000 IFINANCIAL ASSISTANCE

LLC				
2845 GLENAIRE DR CINCINNATI, OH 45231				

7.424

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ROYALTY FATERY LLC. 3239 JEFFERSON AVE

CINCINNATI, OH 45220

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

SPOIL EM ROTTEN SALON LLC 46-3341812 10,000 0 FINANCIAL ASSISTANCE 1528 CLOVERNOLL DRIVE CINCINNATI, OH 45231

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CINCINNATI, OH 45248

CINCINNATI, OH 45231

RSG ROOFING

45-5568594

10,000

0

FINANCIAL ASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

ALIAS IMAGING LLC	33-1067918	10,000	0		FINANCIAL ASSISTANCE
214 EAST 8TH ST					
CINCINNATI OH 45202					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CINCINNATI, OH 45202 BLADES HAIR DESIGN

3228 WEST GALBRAITH RD ST CINCINNATI, OH 45239

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government

A & I IMAGING I.C. 31-1782495 10.000 IFINANCIAL ASSISTANCE 4701 FOREST AVE CINCINNATI, OH 45212

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

9501 COLFRAIN AVE CINCINNATI, OH 45251

OHCE NORTH GATE INC. 47-2784766 10.000 FINANCIAL ASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government 187 6.261 IFINANCIAL ASSISTANCE

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RIVERA TAXES AND MORE	45-39401
4529 HOMER AVE	
CINCINNATI, OH 45227	

83-3093848

YOUR WORLD INC

7819 COOPER RD CINCINNATI, OH 45242

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable (book, FMV, appraisal, non-cash assistance or assistance grant cash or government assistance other) CRISPANDCLEAN JANITORIAL 82-3992647 10.000 FINANCIAL ASSISTANCE  $\Pi$ 

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SERVICE LLC 2674 MONTANA AVE CINCINNATI, OH 45211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) WENDY WINDHOLTZ DESIGNS 81-1641041 10.000 FINANCIAL ASSISTANCE TNC

3249 GOLDEN AVE CINCINNATI, OH 45226					
BUBONYE LOGISTICS AND	80-0590906	6,922	0		FINANCIAL A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SHIPPING LTD 8434 VINE ST

CINCINNATI, OH 45216

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 31-1582411 10.000 BROWNS TOURS AND TRAVEL IFINANCIAL ASSISTANCE SERVICE INC

8.007

SERVICE INC
3410 ORMOND AVE
CINCINNATI, OH 45220

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DBS VENTURES LLC

11362 KARY LANE CINCINNATI, OH 45240

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

VICTORIA NAIL LLC	81-4799875	10,000	0		FINANCIA
8880 COLERAIN AVE		i i			
CINCINNATI, OH 45251					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

84-2409659

TAX LAB LLC

8060 READING RD CINCINNATI, OH 45237

IAL ASSISTANCE 10.000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

UNIQUE DESIGNS 8206 HAMILTON AVE		10,000	0		FINANCIAL ASSISTANCE
CINCINNATI, OH 45231					
GLOBAL AEROSPACE DESIGN	45-4663789	10,000	0		FINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CORP

151 WEST 4TH ST CINCINNATI, OH 45202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government INANCIAL ASSISTANCE

10.000

LE & M ENTERPRISES LLC		10,000	0		FIN
7717 LAUREL AVE					l
CINCINNATI, OH 45243					l

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

J&J CLEANING SERVICES

3840 APPLEGATE AVE CINCINNATI, OH 45211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable non-cash assistance organization grant cash (book, FMV, appraisal, or assistance assistance other) or government

RED FOX GRILL	31-1134210	10,000	0		FINANCIAL ASSISTANCE
232 E 6TH ST					
CINCINNATI, OH 45202					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

85-1373891

PAPIS LLC

2707 EAST TOWER DR CINCINNATI, OH 45238

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government L ASSISTANCE

HANEY CUSTOM FRAMING LLC	31-1176115	10,000	0		FINANCIAL A
2371 KEMPER LN					
CINCINNATI. OH 45206					

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5800 CHEVIOT ROAD CINCINNATI, OH 45247

QUEEN CITY CANTEEN INC 20-3003645 10.000 FINANCIAL ASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

FINANCIAL ASSISTANCE

10.000

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

46-5514499

47-1953065

PRIMO SERVICES LLC

8263 COLERAIN AVE CINCINNATI, OH 45239 SIGN BABY SIGN LLC

5215 CARTHAGE AVE NORWOOD, OH 45212

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government SPA CALM 29-7542636 10.000 IFINANCIAL ASSISTANCE 10979 REED HARTMAN

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HIGHWAY
BLUE ASH, OH 45242
CUMMINGS TRUCKING LLC

5511 5511 STEWART AVE CINCINNATI, OH 45227

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

KANE AUTO REPAIRS 807 STATE AVE	74-3056460	10,000	0		FINANCIAL ASSISTANCE
CINCINNATI, OH 45204					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

KIDS FUN ZONE CHILDCARE

3449 ANACONDA DR CINCINNATI, OH 45211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CODE ANGELS HOME CARE 95-4220227 0 122 FINANCIAL ASSISTANCE

GODS ANGELS HOME CARE	03-433922/	9,123		LINANCIAL AS
INC				
1821 SUMMIT RD				
CINCINNATI, OH 45237				

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

MTAP CLOTHING LLC

7335 MONTGOMERY ROAD CINCINNATI, OH 45236

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ALIDEN ENTERDRICES LTD 27 0166720 10 0001 LEINVNCIVI ASSISTANCE

LAUKEN ENTERPRISES LID	2/-0100/20	10,000	l C		LINAINCIAL A
DBA MARTY'S HOPS & VINES					l
6110 HAMILTON AVENUE					l
CINCINNATI, OH 45224					1

MK SUSHT HYDE PARK LLC. 82-4332007 10.000 FINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3443 EDWARDS RD CINCINNATI, OH 45208

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

BRUNDAGE SERVICES LLC	85-2817439	8,344	0		FINANCIAL ASSISTANCE
957 W KEMPER RD					
CINCINNATI OH 45240					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ASIYAS SMILING FACES LLC

1504 YARMOUTH AVE CINCINNATI, OH 45237

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ALINT FLORA'S CORRLER DIE 20-2416986 10 0001 FINANCIAL ASSISTANCE

MONTH LONG CODDELKTIL	20 2110300	10,000		1 1147 (14017 (1
COMPANY				
9585 COLERAIN AVENUE				
CINCINNATI, OH 45251				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

202 W ELDER ST CINCINNATI, OH 45202

4 ENTERTAINMENT GROUP LLC 26-1864814 10.000 FINANCIAL ASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government

AVANT CONSULTING GROUP 83-2780285 10,000 0 FINANCIAL ASSISTANCE 10137 ARNOLD DR CINCINNATI, OH 45215

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CINCINNATI, OH 45215

STREETPOPS 45-5217346

4720 VINE STREET ST CINCINNATI, OH 45217

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 84-2078699 10,000 FASO SHIPPING LLC IFINANCIAL ASSISTANCE

10667 WILLFLEET DR					
CINCINNATI, OH 45241					
MYNDPLAY HOME LEARNING	90-0924469	10,000	0		FINANCIAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

11901 WALDON DR CINCINNATI, OH 45231

AL ASSISTANCE CENTER

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 06 4 470475 40 000 L ASSISTANCE

LEARY PROPERTY	86-14/21/5	10,000	U		I FINANCIAL A
ACQUISITIONS LLC					
8794 VENUS LN					
CINCINNATI, OH 45231					

6.754

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HOME HEALTH ATD

2779 SHAFFER AVE CINCINNATI, OH 45211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

BLUEROSE SUPPLY	81-1327105	10,000	0		FINANCIAL ASSISTANCE
1630 SHERMAN AVENUE					
CINCINNATI, OH 45212					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

PHO LANG THANG

CINCINNATI, OH 45202

1828 RACE ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

20 WEST BENSON LLC	81-2639172	10,000	0		FINANCIAL ASSISTANC
20 W BENSON ST					
CINCINNATI, OH 45215					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

RN AND ASSOCIATES LLC

245 NORTHLAND NORTHLAND CINCINNATI, OH 45246

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

90-0863461 10.000 MISS MONROE BOUTIOUE IFINANCIAL ASSISTANCE 1601 MAIN ST CINCINNATI, OH 45202

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

KASH MANAGEMENT LLC

7200 FAIR OAKS DR CINCINNATI, OH 45237

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government EXPERT ELECTRONICS 31-1373111 10.000 IFINANCIAL ASSISTANCE

6055 STATE ROUTE 128 AVE CLEVES, OH 45002		·			
STUDIO 33 HAIRCARE AND	84-5183613	8,151	0		FINANCIAL AS

11711 PRINCETON PIKE SPRINGDALE, OH 45246

ASSISTANCE RESTORATION SALONCLINIC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government HAPPY HOLLOW INN LLC 81-1907801 10.000 IFINANCIAL ASSISTANCE

2430 PARK AVE NORWOOD, OH 45212					
QUEENERGY ACCOUNTING	86-2964957	10,000	0		FINANCIAL

12085 HAZELHURST DR CINCINNATI, OH 45240

AL ASSISTANCE SOLUTIONS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 82-2610810 10.000 JILL'S MOBILE KITCHEN IFINANCIAL ASSISTANCE

2995 BLUE HAVEN TERR					
CINCINNATI, OH 45238					
T AND C CONSTRUCTION AND	83-1385678	10,000	0		FINANCIAL ASSISTANCE

CLEANING 5824 WILLOWCOVE DR

CINCINNATI, OH 45239

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

BARTENDER ON THE GO LLC	82-3025648	7,645	0		FINANCIAL ASSISTANCE
3239 JEFFERSON AVENUE					
CINCINNATI, OH 45220					
· · · · · · · · · · · · · · · · · · ·					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

82-1520865

CORNDOGS LLC

3787 FALLENTREE LN BLUE ASH, OH 45236

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 83-3049477 10.000 I MPI AREI MEPRETTY IFINANCIAL ASSISTANCE

5133416651 7605 HAMILTON AVE CINCINNATI, OH 45231		,			
MDA ENTERPRISES LLC	31-1660457	10,000	0		FINANCIAL ASSISTANCE

358 LUDLOW AVE CINCINNATI, OH 45220

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 85-4013149 10.000 SWALLOW DESIGN AND BUILD I IFINANCIAL ASSISTANCE 309 E 13TH ST

CINCINNATI, OH 45202 SWEET TOOTH 47-2818971 10.000 COMPREHENSIVE DENTISTRY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

IFINANCIAL ASSISTANCE LLC 1323 MYRTLE AVE CINCINNATI, OH 45206

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) ONLY LIBRARIES LTD DBA 27-0141450 10,000 FINANCIAL ASSISTANCE

2184 CLARA ST CINCINNATI, OH 45214

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 47-2743139 10.000 AUNTIES KIDS LEARNING IFINANCIAL ASSISTANCE

CENTER 7865 HAMILTON AVE CINCINNATI, OH 45231		·		

8298 CLOUGH PIKE CINCINNATI, OH 45241

FITNESS FOR FUNCTION LLC 20-8989773 10.000 FINANCIAL ASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CANADY COMPANY LLC 20-0088173 10.000 IFINANCIAL ASSISTANCE

3807 LLEWELLYN AVENUE AVE CINCINNATI, OH 45223		·			
HEALTH CARE RESOURCES PLUS INC	81-0776865	10,000	0		FINANCIAL ASSISTANCE

791 E MCMILLAN ST CINCINNATI, OH 45206

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government

RADESIGNLTD	46-5717622	10,000	0		FINANCIA
1776 MENTOR AVE					
CINCINNATI OH 45212					

278 LUDLOW AVE CINCINNATI, OH 45220

IAL ASSISTANCE PAOLO A MODERN JEWELER 83-3371145 10.000 FINANCIAL ASSISTANCE

(f) Method of valuation (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government assistance other)

LEINANCIAL ACCICTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

84-3306055

TVEDVE NATIC

ROAD

2930 GLENDALE MILFORD

EVENDALE, OH 45241

1709 SECTION RD CINCINNATI, OH 45237	64-3290933	10,000	0		TIVANCIAL ASSISTANCE
J WRIGHT LLC EMBELLISHMENTS HAIR RESTORATION STUDIO	45-2639296	10,000	0		FINANCIAL ASSISTANCE

10 0001

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

SUNSHINE CARAMEL COMPANY 6438 WILDHAVEN WAY	47-4707102	10,000	0		FINANCIAL ASSISTANCE
CINCINNATI, OH 45230					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CARRIE MURPHY SALON

CINCINNATI, OH 45244

6917 MAIN ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 76-0717747 10.000 MUSIC LEARNING CENTER INC IFINANCIAL ASSISTANCE

6301 PARKMAN PL CINCINNATI, OH 45213 TRANSCULTURAL CARE 27-2746036 10.000 IFINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ASSOCIATES

11108 HUNTWICKE PLACE BLUE ASH, OH 45241

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 10.000 TEAIRRA HOME CARE IFINANCIAL ASSISTANCE

998 GOODHUE CIR CINCINNATI, OH 45240					
KENEICES LOVING ARMS	84-4882140	10,000	0		FINANCIAL ASSISTANCE

4382 VIRGINIA AVE CINCINNATI, OH 45223

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

KIDDOS LAND 81-3268415 10,000 0 FINANCIAL ASSISTANCE 946 OAKLAND AVE CINCINNATI, OH 45205

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CINCINNATI, OH 45205

AT HOME HOME CARE LLC
5670 WINNESTE AVE

CINCINNATI, OH 45232

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-4313943 10.000 LITTLE LEARNERS CHILD CARE IFINANCIAL ASSISTANCE

LLC
5670 WINNESTE AVE
CINCINNATI, OH 45232

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CINCINNATI, OH 45232 KAREN AMISON 733 BEECHWOOD AVE

CINCINNATI, OH 45232

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

ALLSTAR AUTO BODY	81-1319543	10,000	0		FINANCIAL ASSISTANCE
11301 READING RD					
CINCINNATI, OH 45241					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

B & G TAX SERVICE

6714 MONTGOMERY RD CINCINNATI, OH 45236

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 84-3811798 10.000 WJWATTS CONSULTING IFINANCIAL ASSISTANCE

5065 E EASTWOOD CIRCLE CINCINNATI, OH 45227					
BRONZIE DESIGN AND BUILD	46-2410749	10,000	0		FINANCIAL ASSISTANCE

252 MCCULLOUGH ST CINCINNATI, OH 45226

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government L ASSISTANCE

PACIFIC KITCHEN LLC	47-3675193	10,000	0		FINANCIAL
8300 MARKET PLACE LN					
MONTGOMERY, OH 45242					

2368 NORWOOD AVE CINCINNATI, OH 45212

THE LIVING ROOM INC. 83-3985012 10.000 FINANCIAL ASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 10,000 JEFFERY CHAPMAN IFINANCIAL ASSISTANCE

CINCINNATI, OH 45252 DR SCOTT'S LLC	26-1439109	10.000		FINANCIAL ASSISTANCE
JANITORIAL SERVICES 9899 VOYAGER LN				

DR SCOTT'S LLC 3404 WERK RD ROAD

CINCINNATI, OH 45211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government L ASSISTANCE

SERVICE GRAPHICS	31-1353486	10,000	0		FINANCIAL
3215 COLERAIN AVE					
CINCINNATI OH 45225					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CINCINNALL, OF 45225 BRANDY JOHNSON

9798 GIBRALTER DRIVE CINCINNATI, OH 45251

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government INTERNATIONAL COMPUTER 31-1429023 10,000 IFINANCIAL ASSISTANCE

TECHNOLOGY INC				
10798 MONTGOMERY ROAD				
CINCINNATI, OH 45242				

THE VANITY EXPRESS LLC. 83-4403743 10.000 FINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

926 HEMPSTEAD DR CINCINNATI, OH 45231

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 31-0925002 10.000 BURTON'S COLLISION AND IFINANCIAL ASSISTANCE AUTO REPAIR 4384 FAST GAI BRAITH RD CINCINNATI, OH 45236

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

92-3841428

PERFECTED LAWN CARE

SERVICES LLC 972 THUNDERBIRD AVE CINCINNATI, OH 45231

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

GOOD LOOKS SALON	26-3571999	10,000	0		FINANCIAL ASSISTANCE
2700 SHORTVINE ST					
CINCINNATI. OH 45219					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ENVIOUS BEAUTY STUDIO LLC 82-4289710

800 COMPTON RD CINCINNATI, OH 45231

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-1578310 10.000 LIFE AND HEALING HOMECARE IFINANCIAL ASSISTANCE

9.498

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LLC	
230 NORTHLAND BLVD	
CINCINNATI, OH 45246	

108 HIGHLAND AVE NA CINCINNATI, OH 45215

84-4515094

BAGS AND BOXES

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government TOTAL INDUIGENCE SALON 85-1408449 10 0001 FINANCIAL ASSISTANCE

. O E I D O E O E T O E O E O	00 1 100 1 15	1 20,000		1 21 17 11 1 O 27 1 E 7 1 O C
AND SPA				
5818 HAMILTON AVE				
CINCINNATI, OH 45224				

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

KING HAULING LLC

10979 REED HARTMAN HWY BLUE ASH, OH 45242

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government HOCHSCHEID LAW LLC 46-1789008 10 0001 IFINANCIAL ASSISTANCE

L ASSISTANCE

810 SYCAMORE STREET ST CINCINNATI, OH 45202	=/	20,000	-		
CORBAN EARLY LEARNING	45-2879972	10,000	0		FINANCIAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CENTER 2010 AUBURN AVENUE

CINCINNATI, OH 45219

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 82-3526453 10.000 BEAUTY BY A MONIOUE LLC IFINANCIAL ASSISTANCE 10945 REED HARTMAN

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

HIGHWAY
CINCINNATI, OH 45242
KINKADE KREATIONS II C

3315 RENFRO AVENUE CINCINNATI, OH 45211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) JOE POULOS INC DBA SKYLINE 31-1396400 10.000 IFINANCIAL ASSISTANCE CILI

1001 VINE ST ST CINCINNATI, OH 45202

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CINCINNATI, OH 45205

BMORE BEAUTIFUL BEAUTY 10.000 IFINANCIAL ASSISTANCE BAR 979 ENRIGHT AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

FINANCIAL ASSISTANCE

10.000

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BOBREN'S TINY TOTS CO	31-162750
3034 PERCY AVE	
CINCINNATI, OH 45211	

82-4621848

LUXE FINANCIAL LLC

260 NORTHLAND BLVD CINCINNATI, OH 45246

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

GORGEOUS YOU SALON 11750 LEBANON ROAD	31-1475103	10,000	0		FINANCIAL ASSISTANCE
CINCINNATI, OH 45241					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SALON 32- APRIL FORSYTHE

6917 MAIN STREET CINCINNATI, OH 45244

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

RJ'S VENDING SERVICE 11973 GAYLORD DR	46-4508354	10,000	0		FINANCIAL ASSISTANCE
CINCINNATI, OH 45240					

6.518

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

82-4138053

SCRUBLIFE LLC

415 CATHERINE ST CINCINNATI, OH 45229

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government AMY BETTS 85-1950518 10.000 IFINANCIAL ASSISTANCE

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

4933 PADDOCK RD CINCINNATI, OH 45237 DISTINGUISHED CUTS

5926 BRAMBLE AVE CINCINNATI, OH 45227

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government ARIEL'S WIGS 8,344 IFINANCIAL ASSISTANCE

979 ENRIGHT AVE CINCINNATI, OH 45205					
TEAM B ARCHITECTURE &	81-2587759	10,000	0		FINANCIAL ASSISTANCE

DESIGN LLC 963 E MCMILLAN ST

CINCINNATI, OH 45206

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government CATERING WIT CASH LLC 88-1032529 10 0001 FINANCIAL ASSISTANCE

791 FINNEY TRL LN CINCINNATI, OH 45224					
BLADNEY INC DRA MUDDUYS	31-1607567	10.000	0		LEINANCIAL A

CINCINNATI, OH 45219

BLAKNEY INC DBA MURPHYS 31-169/56/ 10,000

IFINANCIAL ASSISTANCE PUB 2399 W CLIFTON AVE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 84-2330824 10.000 SHE KNOWS BEAUTY BY VAL IFINANCIAL ASSISTANCE

LLC
2165 CENTRAL PARKWAY AVE
CINCINNATI, OH 45202

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

20-8821819

JUDY CO INC

6897 KANAWHA AVENUE CINCINNATI, OH 45236

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government SSISTANCE

BREWPRO INC	31-1451161	10,000	0		FINANCIAL ASS
9483 READING RD					
CINCINNATI. OH 45215					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

REVOLUTIONARY CUTZ

CINCINNATI, OH 45217

4602 VINE ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 81-1220729 10.000 OUEEN CITY RADIO LLC IFINANCIAL ASSISTANCE 222 MECT 12TH CT

CINCINNATI, OH 45202					
THE NATIS EXCLUSIVE PARTY	85-3071150	10,000	0		FINANCIAL ASSISTANCE

4382 VIRGINIA AVE

CINCINNATI, OH 45223

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) POPCORN AND PRETZEL 47-4425607 10.000 IFINANCIAL ASSISTANCE

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

CT 10CEDIL DACKACE	04 1621242	10.000	٥		ETNIANICTAL
EXPRESS DBA P AND P EXPRESS 5869 CHILDS AVE CINCINNATI, OH 45248		·			

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

475 ROCKCREST DR CINCINNATI, OH 45246 (b) EIN

FINANCIAL ASSISTANCE ST JOSEPH PACKAGE 84-1631343 10,000 FULLFILMENT INC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 84-3666762 10.000 JOE OF ALL TRADES & IFINANCIAL ASSISTANCE COMPANY LLC

6900 STI VERTON AVE CINCINNATI, OH 45236 10.000 IFINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

BOWMAN CERTIFIED CLEANING SERVICES

3922 SOUTH MADISON AVE NORWOOD, OH 45212

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 27-0103581 10.000 FAST EDDIES AUTO SALON IFINANCIAL ASSISTANCE

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

409 WEST LIBERTY ST CINCINNATI, OH 45214 MADISON OF CINCY LLC

2406 SPRING GROVE AVE CINCINNATI, OH 45214

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government THE EDI GROUP INC 27-2952823 10,000 IFINANCIAL ASSISTANCE

1307 SUNCREST DR CINCINNATI, OH 45208					
CROSS COUNTY	31-1367561	10,000	0		FINANCIAL ASSISTANCE

CHIROPRACTIC INC

9201 MONTGOMERY ROAD MONTGOMERY, OH 45242

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government AUTOMOTIVE RESURRECTIONS 54-2168683 10.000 IFINANCIAL ASSISTANCE

LLC
S571 STATE ROUTE 128 RD
CLEVES OH 45002

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CLEVES, OH 45002

GIZELLES HEAD2TOE

4922 READING ROAD ROAD CINCINNATI, OH 45237

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government THENEEC WAY CUTI DOADE 04 4675410 10 0001 FINANCIAL ASSISTANCE

ASSISTANCE

1135 CARMANIA AVE CINCINNATI, OH 45238	84-46/5410	10,000	J		FINANCIAL
KLEANING BY KATHY LLC	88-1834285	10.000	0		FINANCIAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3693 WEST GALBRAITH ROAD COLERAIN TOWNSHIP, OH

45247

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 40.000

INVESTMENT

10999 REED HARTMAN HWY CINCINNATI, OH 45242

1120 HARRISON AVE CINCINNATI, OH 45214	31-0/2/4/8	10,000	U		FINANCIAL ASSISTANCE
FA HUA INTERNATIONAL	26-4380574	10.000	0	,	FINANCIAL ASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government DEDECORATING ADTO CTUDIO 20 2201245 10 0001 LEINVNCIVI ASSISTANCE

FINANCIAL AS

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

LUVBUGZ CHILDCARE PALACE

2867 ORLAND AVE CINCINNATI, OH 45211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 27-0370551 10.000 AUBRIE WELSH INTERIORS IFINANCIAL ASSISTANCE

LLC 221 WEST NINTH ST CINCINNATI, OH 45202					
ADORE ME BEAUTII	83-3936787	10.000	0		FINANCIAL ASSISTANCE

ADORE ME BEAUTII 2756 CRANBROOK DR

CINCINNATI, OH 45251

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 92-0393280 8.0001 BLEU KIDS FASHION IFINANCIAL ASSISTANCE TO A E MATRICIANTI I MANAGEMENT

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CINCINNATI, OH 45240	
BLUE ASH TRAVEL	45-4846067

LANE

BLUE ASH, OH 45241

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

REQUIP MEDICAL LLC 425 COOPER ST CINCINNATI, OH 45215	54-2071765	10,000	0		FINANCIAL ASSISTANCE

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

JNIKOLE GLAM STUDIO LLC 6 TRIANGLE PARK DR

CINCINNATI, OH 45246

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government JOHNSON AND JOHNSON 10.000 IFINANCIAL ASSISTANCE

CLEANING SERVICE
6836 BANTRY AVE
CINCINNATI, OH 45213

9.932

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CINCINNATI, OH 45213
CHANAILS LLC
6805 HAMILTON AVE

CINCINNATI, OH 45224

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) GROTE BARBER & STYLING 10 0001 FINANCIAL ASSISTANCE

SALON INC 4070 WEST 8TH ST CINCINNATI, OH 45205		10,000			
LOSANTIVILLE WINERY LLC	46-4878463	10,000	0		FINANCIAL ASSISTANCE

(DBA THE SKELETON ROOT)
38 W MCMICKEN AVE
CINCINNATI, OH 45202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

DYNAMIC NURSING LLC	82-1467245	10,000	0		FINANCIAL ASSISTANCE
10921 REED HARTMAN HWY		·			
CINCINNATI, OH 45242					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ED LOVA PRODUCTIONS LLC

8144 BOBOLINK DR CINCINNATI, OH 45224

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government

38-4047421 10.000 2 KK PROPERTIES IFINANCIAL ASSISTANCE 10043 PIPPIN RD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6900 STI VERTON AVE SILVERTON, OH 45236

CINCINNATI, OH 45231 NOJO LOGISTICS LLC 86-3800706 10.000 FINANCIAL ASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government 82-2252423 10.000 AUTHENTIC CUTZ IFINANCIAL ASSISTANCE

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

5542 COLERAIN AVE CINCINNATI, OH 45251

712 W WYOMING AVE CINCINNATI, OH 45215

47-2390514

SOL KING LLC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government RIVERSKY FILMS LLC 82-5006527 10,000 IFINANCIAL ASSISTANCE

604 KLOTTER AVE CINCINNATI, OH 45214					
WAVERLY'S HOPE CHILD CARE	45-3965112	10,000	0		FINANCIAL ASSISTANCE

5956 COLERAIN AVE CINCINNATI, OH 45239

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

NATRU BEAUTII LLC	85-1242099	10,000	0		FINANCIAL ASSISTANCE
8620 WINTON RD		· ·			
CINCINNATI, OH 45251					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

KEEP'N IT REAL LLC

10900 SPRUCEHILL DR CINCINNATI, OH 45240

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, non-cash assistance organization if applicable grant cash or assistance assistance other) or government 10.000 VARNA'S BARBER SHOP INC. IFINANCIAL ASSISTANCE

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

81-5063886

9579 PIPPIN ROAD
CINCINNATI, OH 45231
LCMS BOWL CORPORATION

4761 MADISON RD CINCINNATI, OH 45227

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

MRS D HOME CARE LLC	87-1498282	10,000	0		FINANCIAL ASSISTANCE
723 WADE ST					
CINCINNATI OH 45214				1	

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3613 MUDDY CREEK RD CINCINNATI, OH 45238 82-4538487

KIDZ CORNER LLC

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

LIV IT GLAMMED LLC	84-2490876	10,000	0		FINANCIAL ASSISTANCE
8144 BOBOLINK DR					
CINCINNATI, OH 45224					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WORK N PLAY CHILD CARE LLC

4722 HARDWICK DR CINCINNATI, OH 45238

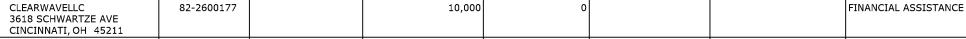
(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government L ASSISTANCE

HAND FULL OF LOVE LLC 5103 HAWAIIAN TERRACE ST CINCINNATI, OH 45223	85-2568376	10,000	0		FINANCIAL ASSISTANCE
CARRELLI INTERIOR DESIGN	81-1245577	10,000	0		FINANCIAL ASSISTANCE

CARRELLI INTERIOR DESIGN 81-12455// TLC.

6811 HARRISON AVE CINCINNATI, OH 45247

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government



617 FLEMING ROAD CINCINNATI, OH 45231

3304 STANHOPE LLC 82-3906684 10.000 FINANCIAL ASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government L ASSISTANCE

CAPITAL ESTATE LLC	83-1722202	10,000	0		FINANCIAL
250 EAST 5TH STREET					
CINCINNATI, OH 45202					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

GIFTS OF A GODDESS LLC

6564 CHEVIOT RD CINCINNATI, OH 45247

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 82-3297816 10.000 REED PROFESSIONALS LLC IFINANCIAL ASSISTANCE

6836 PARKVIEW DRIVE CINCINNATI, OH 45224 WOMENS HOUSE OF SERENITY 90-0457998 10.000 IFINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

TLC.

3060 HACKBERRY ST CINCINNATI, OH 45206

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

ART OF ASIA LLC	87-1498462	10,000	0		FINANCIAL ASSISTANCE
3515 STACEY AVE					
CINCINNATI, OH 45207					

ABM ELECTRIC 47-5638093 10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7710 READING RD CINCINNATI, OH 45237

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) BENSON STREET BARBER 10.000 IFINANCIAL ASSISTANCE SHOP INC 165 FAST CREST DR

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

165 EAST CREST DR CINCINNATI, OH 45215 ELLIS PROPERTY

MAINTENANCE 8450 FOREST VALLEY DR CINCINNATI, OH 45247

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

SHERYL'S CUTS & STYLES	28-5641721	10,000	0		FINANCIAL ASSISTANCE
545 CLOUGH PIKE PK		·			
CINCINNATI. OH 45244					

1540 VINTON ST CINCINNATI, OH 45225

MIONA'S BOUTIOUE LLC 88-1635949 10.000 FINANCIAL ASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 87-1585846 10.000 JUST FOR YOU LLC IFINANCIAL ASSISTANCE

7118 BOBWOOD AVE CINCINNATI, OH 45231 PHOENIX RESTAURANT INC. 31-1572248 10.000 IFINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

DBA THE PHOENIX 812 RACE ST

CINCINNATI, OH 45202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

TWO MEN AND A BUCKET	87-3821238	10,000	0		FINANCIAL ASSISTANCE
1347 AVON DR CINCINNATI, OH 45229					

8.086

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

POPULAR STRANDZ LLC

11497 SPRINGFIELD PIKE CINCINNATI, OH 45246

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government SWAN MAIDEN SOAP LLC DBA 27-4075598 10,000 IFINANCIAL ASSISTANCE

FLOWER & EARTH				
2929 SPRING GROVE AVENUE				
CINCINNATI, OH 45225				

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

I A CLEANING SERVICE

6836 BANTRY AVE CINCINNATI, OH 45213

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

PIVOT CORPORATION LLC	82-1101571	10,000	0		FINANCIAL ASSISTANCE
260 NORTHLAND BLVD					
CINCINNATI, OH 45246					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

WE CARE LIKE FAMILY

3752 BONFIELD DRIVE CINCINNATI, OH 45220

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government MARK E GALL 10,000 IFINANCIAL ASSISTANCE

ASSISTANCE

813 STANTON AVE TERRACE PARK, OH 45174					
CLEVELAND REESE JR DBA C REESE INTERIORS	45-4306744	10,000	0		FINANCIAL A

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3606 PARK 42 DRIVE CINCINNATI, OH 45241

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government PRESTIGE CLEANING 513 LLC 82-3772206 10,000 IFINANCIAL ASSISTANCE

6060 TOWNEVISTA DR CINCINNATI, OH 45224					
JOHN SENHAUSER ARCHITECTS	31-1093433	10,000	0		FINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

1118 SAINT GREGORY ST CINCINNATI, OH 45202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government COUTURE BEAUTY BY TRACEY 83-4110036 10,000 IFINANCIAL ASSISTANCE

LLC				
9475 KENWOOD RD				
CINCINNATI, OH 45242				

CRYSTAL CLEAR DETAIL 10.000 FINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

6410 MADISON RD CINCINNATI, OH 45227

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government AL ASSISTANCE

SHAWN GOODIN		8,338	0		FINANCIAL
928 HARRIS AVE		i i			
CINCINNATI, OH 45205					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

KREATIVE KUSTOMZ LLC

3918 BOUDINOT AVE CINCINNATI, OH 45211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government 82-1035139 10.000 STONER AGE LLC IFINANCIAL ASSISTANCE

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7333 BROOKCREST DR CINCINNATI, OH 45237 TAMMY NAILS LLC

3831 PRESIDENT DR CINCINNATI, OH 45225

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 31-1708717 10.000 KX SIMULATION IFINANCIAL ASSISTANCE TECHNOLOGIES INC

441 VINE ST CINCINNATI, OH 45202 KSTLYEZ BARBER STUDIO & 87-1470792 10.000 IFINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SALON LLC 4403 GLENWAY AVE

CINCINNATI, OH 45205

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

LIVE KREATION LLC	93-1935662	10,000	0		FINANCIAL ASSISTANCE
573 W LIBERTY ST		·			
CINCINNATI, OH 45214					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SLAYED BY MYAH LLC

3636 TRIMBLE AVE CINCINNATI, OH 45207

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

VOLERLAMERDE	47-5611111	10,000	0		FINANCIAL ASSISTANCE
921 VINE ST					
CINCINNATI, OH 45202					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

URBAN AXES CINCINNATI LLC

2010 ELM STREET CINCINNATI, OH 45202

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance assistance other) or government

A & A FAMILY CARE	85-3494246	10,000	0		FINANCIAL ASSISTANCE
7827 HAMILTON AVE					
CINCINNATI.OH 45231					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

STUDIO 914 HAIR SALON

1612 COMPTON ROAD CINCINNATI, OH 45231

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance assistance other) or government

FLORA MC KEON		10,000	0		FINANCIAL ASSISTANCE
705 EAST ST		ĺ í			
HARRISON, OH 45030					

8.582

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

ANGEL BEAUTY LLC

10979 REED HARTMAN HWY BLUE ASH, OH 45242

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government INFINITY HAIR AND BEAUTY 46-3369215 10.000 IFINANCIAL ASSISTANCE

SUPPLY 7610 READING RD CINCINNATI, OH 45237				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

791 E MCMILLIAN STREET CINCINNATI, OH 45206

NO TIME USE MINE LLC 83-1976927 10.000 FINANCIAL ASSISTANCE

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government BROWN DEVELOPMENT & 95-116/797 10 0001 FINANCIAL ASSISTANCE

DROWN DEVELOPMENT &	03-1104/0/	10,000			LINANCIAL
CONSTRUCTION					
1712 WASHINGTON CIRCLE					
CINCINNATI, OH 45215					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

B FIFLDS ARCHITECT

1184 INNER CIRCLE DR CINCINNATI, OH 45240

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance or assistance organization grant cash or government assistance other) 82-2817395 10.000 **BUTTONS & BOWS FAMILY** IFINANCIAL ASSISTANCE CHILDCARE LLC

5946 CHEVIOT RD CINCINNATI. OH 45247

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CINCINNATI, OH 45212

BURDETT COMMERCIAL 10.000 IFINANCIAL ASSISTANCE FLOORING 4213 SMITH RD

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government L ASSISTANCE

TORBECK'S AUTO REPAIR INC		10,000	0		FINANCIAL
8045 VINE ST					
HARTWELL, OH 45216					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CB BRAIDS LLC

7225 COLERAIN AVE CINCINNATI, OH 45239

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government DENIM 101 06 1537150 10 0001 FINANCIAL ASSISTANCE

1491 COLLEGEWOOD LN CINCINNATI, OH 45231	80-132/138	10,000	O .		FINANCIAL ASSISTANCE
WROYAL CUTS & STYLES HAIR	84-4007035	10.000	0		FINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7100 VINE ST

CINCINNATI, OH 45216

STUDIOS

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance assistance other) or government

CHARNAYS ELITE CLEANING	93-1960986	10,000	0		FINANCIAL ASSISTANCE
601 LOWELL AVE CINCINNATI, OH 45220					
CINCINNAII, OH 43220					

10.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

87-3993430

ILACEBARBIES

3091 GALBRAITH RD CINCINNATI, OH 45239

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government FREEDOM ELITE TAX 86-2618740 10 0001 FINANCIAL ASSISTANCE

TREEDOM CELTE TAX	00 2010740	10,000			I INANCIAL ASSISTANCE
SERVICES LLC					
6013 VINE ST					
CINCINNATI, OH 45216					
KEVIN L PRICE		10.000	0		FINANCIAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

3307 CAMVIC TER CINCINNATI, OH 45211

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance assistance other) or government

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

CINCINNATI 580 WALNUT ST CINCINNATI, OH 45202

NATASHA D GRAY 3307 CAMVIC TER CINCINNATI, OH 45211		10,000	0		FINANCIAL ASSISTANCE
SUSHI CAFE WORLD OF	26-4747270	10,000	0		FINANCIAL ASSISTANCE

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	N: 9349312	93493127036004			
	edule J	C	ompensatio	on Information	OMB No.	1545-0	0047	
(Forr	n 990)	For certain Office	ers, Directors, Tr	ustees, Key Employees, and Highest				
	➤ Complete if the orga		Compensat	ed Employees red "Yes" on Form 990, Part IV, line 23.	<b>1 20</b>	<b>)</b> 22	<u> </u>	
_			► Attach t	to Form 990. Instructions and the latest information.	Open			
	ment of the Treasury al Revenue Service	▶ Go to <u>www.irs.go</u>	0 <i>0/ <u>F0F111990</u></i> 10F 1	nstructions and the latest information.		ectio		
	ne of the organiza DY DEVELOPMENT C			Employer ide	ntification nu	ımber		
				31-1061640				
Pa	rt I Questio	ons Regarding Compensa	ition					
<b>1</b> a	Check the appro	opiate box(es) if the organizatio	n provided any of t	the following to or for a person listed on Form		Yes	No	
				relevant information regarding these items.				
	First-class	or charter travel		Housing allowance or residence for personal use				
	Travel for	companions		Payments for business use of personal residence				
	☐ Tax idemr	nification and gross-up payment		Health or social club dues or initiation fees				
	☐ Discretion	ary spending account		Personal services (e.g., maid, chauffeur, chef)				
b				ollow a written policy regarding payment or				
_		•		e? If "No," complete Part III to explain	1b			
2				allowing expenses incurred by all regarding the items checked on Line 1a?	. 2			
_	* 1: 1 1: 1	ic cit cit i i cit						
3				to establish the compensation of the ot check any boxes for methods				
	used by a relate	d organization to establish com	pensation of the C	EO/Executive Director, but explain in Part III.				
	☑ Compensa	ation committee		Written employment contract				
		ent compensation consultant		Compensation survey or study				
	<b>☑</b> Form 990	of other organizations	<b>~</b>	Approval by the board or compensation committee				
4	During the year, related organiza		990, Part VII, Sect	cion A, line 1a, with respect to the filing organization	on or a			
а	Receive a sever	ance payment or change-of-con	itrol payment? .		4a		No	
b	Participate in, o	r receive payment from, a supp	lemental nonqualifi	ed retirement plan?	. 4b		No	
c	•			ation arrangement?	. 4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the appli	cable amounts for each item in Part III.				
	Only 501(c)(3	), 501(c)(4), and 501(c)(29	) organizations n	nust complete lines 5-9.				
5				e organization pay or accrue any				
		ontingent on the revenues of:						
a		1?			5a		No	
b		anization?			5b		No	
6		ed on Form 990, Part VII, Section		e organization pay or accrue any				
а	The organization	1?			6a		No	
b					6b		No	
	If "Yes," on line	6a or 6b, describe in Part III.						
7				e organization provide any nonfixed	7		No	
8				d pursuant to a contract that was ection 53.4958-4(a)(3)? If "Yes," describe				
					8		No	
9	If "Yes" on line 8 53.4958-6(c)? .			resumption procedure described in Regulations sec				
For F		iction Act Notice, see the Ins			9 edule J (Forn	1 990)	2022	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J. report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose instructions, on row (ii). I				compensation from the a	organization on row (i) ar	nd from related organizati	ons, described in the	
<b>Note.</b> The sum of column					Part VII, Section A, line	1a, applicable column (D)	and (E) amounts for tha	t individual.
(A) Name and Title					(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 PATRICK LONGO PRESIDENT	(i)	180,729	29,100	1,237	8,912	40,040	260,018	0
FRESIDENT	(ii)	0	0	0	0	0	0	0
2 HARRY BLANTON SR. VP/ED DIRECTOR	(i)	174,279	0	1,236	7,024	10,704	193,243	0
SK. VP/ED DIRECTOR	(ii)	0	0	0	0	0	0	0
3 JONATHAN MAIN VP/COMMERCIAL CAPITAL	(i)	113,556	22,544	577	0	44,078	180,755	0
VI) COMMERCIAE CALITAE	(ii)	0	0	0	0	0	0	0
4 ANDREW YOUNG SR. VP/COMMERCIAL	(i)	122,172	43,738	2,734	6,637	1,388	176,669	0
CAPITAL	(ii)	0	0	0	0	0	0	0
5 CATHERINE FITZGERALD VICE PRESIDENT/ED	(i)	126,586	0	1,193	5,052	27,547	160,378	0
DIRECTOR	(ii)	0	0	0	0	0	0	0
	Н							
	Н							
	Ш							
	Н							
	$\square$							
							Schedule	J (Form 990) 2022

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -		DLN: 93493127036004				
SCHEDUL (Form 990)  Department of the T Internal Revenue Se	Complete to provide information fo Form 990 or 990-EZ or to prov  Passury  Attach to Form	on to Form 990 or 990-EZ r responses to specific questions on ide any additional information. n 990 or 990-EZ. 90 for the latest information.	OMB No. 1545-0047  2022  Open to Public Inspection				
Name of the org ALLOY DEVELOPME <b>990 Schedul</b>		31-106164	identification number 40				
Return Reference		Explanation					
FORM 990, PART VI, SECTION A, LINE 6	HCDC, INC. IS ORGANIZED WITH MEMBERS.						

Return Explanation
Reference

FORM 990,	HCDC, INC. DOES HAVE MEMBERS WHO ARE ACTIVELY INVOLVED IN THE NOMINATING AND ELECTION PROCESS.
PART VI,	
SECTION A,	
LINE 7A	

Return Explanation
Reference

FORM 990,	FORM 990 WILL BE REVIEWED BY THE OFFICERS AND DIRECTORS PRIOR TO FILING WITH THE IRS. DRAFT COPIES
PART VI,	ARE EMAILED TO THE BOARD FOR REVIEW.
SECTION B,	
LINE 11B	

Doturn

Reference	Explanation
FORM 990,	THE BOARD OF DIRECTORS OR COMMITTEE HAS THE AUTHORITY TO QUESTION A MEMBER REGARDING ANY P
PART VI,	OSSIBLE CONFLICTS OF INTERESTS. AT THAT TIME, THE MEMBER IN QUESTION WILL HAVE AN OPPORTUN
SECTION B,	ITY TO EXPLAIN ANY POTENTIAL CONFLICTS OF INTEREST NOT PREVIOUSLY DISCLOSED. IT IS THE RES
LINE 12C	PONSIBILITY OF THE MEMBER TO DISCLOSE ANY POSSIBLE CONFLICT OF INTEREST WITH THE BOARD OR
	COMMITTEE WITH REGARD TO ANY PROPOSED TRANSACTIONS OR ARRANGEMENTS.

Evalanation

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE PRESIDENT IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE. COMPEN SATION FOR OTHER OFFICERS, KEY EMPLOYEES, AND STAFF IS REVIEWED BY THE EXECUTIVE COMMITTEE . THE PRESIDENT WILL PROVIDE THE COMMITTEE WITH SALARY RANGES FOR THE UPCOMING YEAR WHICH ARE SUBSTANTIATED BY THIRD PARTY REPORTS. THE COMMITTEE WILL THEN DETERMINE WHAT ACTIONS W ILL BE TAKEN WITH REGARDS TO COMPENSATION.

Return Explanation
Reference
FORM 990. DOCUMENTS ARE AVAILABLE UPON REQUEST.

PART VI, SECTION C, LINE 19

990 Schedule O, Supplemental Information Return Explanation Reference

FORM 990, PART XII, LINE 2C:

SCHEDULE R
(Form 990)

As Filed Data Related
Complete if the org.

Department of the Treasury

Internal Revenue Service

Name of the organization

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

2022

**DLN: 93493127036004**OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

ALLOY DEVELOPMENT CO INC							31-1	061640				
Part I Identification of Disregarded Entities. Complete	if the orgar	nization answe	ered "Yes	s" on Form	n 990, Part	IV, line	33.					
( <b>a)</b> Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary act	ivity	Legal dom or foreigr	c) iicile (state n country)	(d Total in	l) ncome	<b>(e)</b> End-of-year	assets	<b>(f)</b> Direct con ent <b>il</b>	trolling Y	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ons. Comple	ete if the orga	anization	answered	l "Yes" on f	orm 99	0, Part I	V, line 34	because	e it had one or	more	
(a) Name, address, and EIN of related organization		( <b>b)</b> y activity	Legal don or foreig	c) nicile (state n country)	(d) Exempt Code	e section	Public ch	e) arity status 501(c)(3))	Dir	(f) ect controlling entity	Sectio (b)( contr enti	n 512 13) olled
(1)ALLOY GROWTH LAB 1776 MENTOR AVENUE	EXEMPT ORGA	NIZATION	,	OH 501(C)(3)		LINE 7			ALLOY DEVELOPMENT CO		<b>Yes</b> Yes	No
CINCINNATI, OH 45212 31-1255250												
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	t. No. 5013	15Y				Scho	edule R (Form !	990) 20	22

(a)  Name, address, and EIN of related organization		<b>(b)</b> Primary activity	ry Legal	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentag ownershi
					314)			Yes	No		Yes	No	
Identification of Related Org because it had one or more rela	ganizations Ta	axable as a	Corporati	on or Trus	st. Complete i	f the org	anization	answere	d "Yes" or	Form 990,	Part IV	, line 34	-
	(t		(c)		(d)	(e	)	(f)	(g) (I		)		(i) n 512(b)(:
(a) Name, address, and EIN of related organization	Primary	activity	Legal domicile (state or foreign country)		Direct controllin entity	g Type of (C co		are of total income	Share of er of-year	nd- Percer owner	rship Secti	Section contro	n 512(b)(: olled entity
J						cor or tr		assets				Yes	N
						+							+
						1				1			

Schedule R (Form 990) 2022											
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.											
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?											
<b>b</b> Gift, grant, or capital contribution to related organization(s)											
c Gift, grant, or capital contribution from related organization(s)											
d Loans or loan guarantees to or for related organization(s)											
e Loans or loan guarantees by related organization(s)	1e		No								
f Dividends from related organization(s)	1f		No								
g Sale of assets to related organization(s)	<b>1</b> g		No								
h Purchase of assets from related organization(s)	1h		No								
i Exchange of assets with related organization(s)	<b>1</b> i		No								
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No								
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No								
l Performance of services or membership or fundraising solicitations for related organization(s)											
m Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes									
o Sharing of paid employees with related organization(s)	10	Yes									
p Reimbursement paid to related organization(s) for expenses	<b>1</b> p	Yes									
q Reimbursement paid by related organization(s) for expenses	<b>1</b> q	Yes									

j Lease of facilities, equipment, or other assets to related organization(s)	1j No										
k Lease of facilities, equipment, or other assets from related organization(s)											
l Performance of services or membership or fundraising solicitations for related organization(s) $\ldots$ .											
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)											
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)											
o Sharing of paid employees with related organization(s)	10 Yes										
p Reimbursement paid to related organization(s) for expenses											
q Reimbursement paid by related organization(s) for expenses	1q Yes										
f r Other transfer of cash or property to related organization(s)											
f s Other transfer of cash or property from related organization(s)	1s No										
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.											
(a) Name of related organization	(b) (c) (d) Transaction Amount involved Method of determining amount involved										

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

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

was not a related organization. See instructions regarding				erships.									
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	
-			ı							Scho	edule R (	Form 9	90) 2022

chedule R (Fo	rm 990) 2022	Page	5					
Part VII	Supplemental Info	ntal Information						
	Provide additional infor	mation for responses to questions on Schedule R. See instructions.						
Return Reference		Explanation						