2939305206117 1

Form -9	90-T		xempt Organization and proxy ta)		der section 6033(· · · ·	OMB No 1545-0047
	Fo	orcale	ndar year 2019 or other tax year begi	nning	, 2019, and end	ng , 2	20	2019
	of the Treasury		► Go to www irs gov/Form99					Onen to Public Inspection fo
Internal Rev		▶ Do	not enter SSN numbers on this form					Open to Public Inspection fo 501(c)(3) Organizations Onl
	heck box if ddress changed		Name of organization (Check	box if nai	me changed and see instruction	is)		oyer identification number oyees' trust, see instructions)
B Exempt	under section		CINCINNATI CENTER O	CITY	DEVELOPMENT CORE	•		
X 501	(C. 20 3) F	rınt	Number, street, and room or suite no	If a P O	box, see instructions		20-0446324	
408	e) 220(e) T	or ype						lated business activity cod
408		1203 WALNUT STREET, 4TH FLOOR						istructions)
529	a)		City or town, state or province, coun	-	ZIP or foreign postal code			
C Book val	ue of all assets		CINCINNATI, OH 4520)2			54	
	F		up exemption number (See instruc				T	
			eck organization type 🕨 X 50) trust	401(a)	
		-	anization's unrelated trades or busin	esses			•	(or first) unrelated
		_	O ADVERTISING			•		e than one, describe the
	•		e end of the previous sentence, co	omplete	Parts I and II, complete a S	chedule M for ea	ch additio	nal
	the tax year wa			الماما		nontrolled serve 0		▶ Yes X
			corporation a subsidiary in an aff	_		controlled group?		▶ Yes
			identifying number of the parent of the pare	orporation	Talanho	ne number ▶ 51	3-621	-4400
			or Business Income		(A) Income	(B) Expen		(C) Net
_			or Business income	Τ	(A) IIICOIIIC	(D) Expen		(0) Net
			c Balance	▶ 1c				
			lule A, line 7)	1				
			2 from line 1c	$\overline{}$				
			attach Schedule D)					/
			Part II, line 17) (attach Form 4797)					
			trusts					
5 Inco	ne (loss) from a partne	ership oi	r an S corporation (attach statement)	5			/	
6 Rer	it income (Schedi	ile C)	r an S corporation (attach statement)	6			·	
7 Unr	elated debt-finan	ced in	come (Schedule E)	7				
8 Inter	est annuites-royalties	∖¦⊕\⊬	entstroma controlled organization (Schedule	8 (_
9 Inves	tment income of a sec	ction 50	1(c)(7) (9), or (17) organization (Schedule G) 9				
			ncome (Schedule:I)	10				
			dule(J)(N, U. I	11				
			ctions, attach schedule)		32,325.	ATCH 1		32,3
			ough 12		32,325.			32,32
Part II			Taken Elsewhere (See ins		ps for limitations on o	deductions) (I	Deducti	ons must be direct
			he unrelated business incor				<u> </u>	1
			directors, and trustees (Schedule k					
15 Sala 16 Rep	aires airu wages ;	encc					15	
								
18 Inte	rest (attach sche	 dule\/	(see instructions)				18	
20 Dep	reciation (attach	Form	4562)		20			
			on Schedule A and elsewhere on				21b	
					-			
			compensation plans					
			s					· ·
			Schedule I)					
			chedule J)					
			schedule)					13,59
			s 14 through 27					13,59
			le income before net operating					18,73
29 /Unr								
	uction for net op	eratin	g loss arising in tax years beginn	ng on c	or after January 1, 2018 (see	e instructions) .	30	18,73

3

Part lii	(2019)	 	Pa
	Total Unrelated Business Taxable Income		
	of unrelated business taxable income computed from all unrelated trades or businesses (see	· 🐧	
ınstr	uctions)		18,73
3 Amo	unts paid for disallowed fringes	33	
4 Cha	itable contributions (see instructions for limitation rules)	34	
5 Tota	unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
34 fi	om the sum of lines 32 and 33 \ldots	35	18,73
	ction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	ictions)	36	18,73
	of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		
	ific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		
_	lated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37.		
	the smaller of zero or line 37	39	
	Tax Computation	.59	
	negations Taxable as Corporations Multiply line 39 by 21% (0 21)	40	
		40	
	s Taxable at Trust Rates See instructions for tax computation Income tax on	1	
	mount on line 39 from Tax rate schedule or Schedule D (Form 1041)	411	
	y tax. See instructions	42	
	native minimum tax (trusts only)		
	on Noncompliant Facility Income See instructions		
5 Tota	Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
Part V	Tax and Payments	•	
	gh lax credit (corporations attach Form 1118, trusts attach Florm 1116)		
b Othe	credits (see instructions)		
c Gene	ral business credit Attach Form 3800 (see instructions)		
	t for prior year minimum tax (attach Form 8801 or 8827)		
	credits Add lines 46a through 46d	46e	
		47	
8 Other		48	
	tax Add lines 47 and 48 (see instructions)	49	
	·	50	
		3/0	
1a Payn			
b 2019	estimated tax payments		
	eposited with Form 8868		
	gn organizations. Tax paid or withheld at source (see instructions)		
	up withholding (see instructions)		
f Cred	t for small employer health insurance premiums (attach Form 8941) 5 f		
g Othe	credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 5 g	į.	
 2 Tota		5 þ	16,55
	payments Add lines 51a through 51g	5 <u>2</u> 53	16,5
3 Estin	payments Add lines 51a through 51g	53	16,5
3 Estin 4 Tax o	payments Add lines 51a through 51g	53 54	
3 Estin 4 Taxo 5 Over	payments Add lines 51a through 51g	53 54 55	16,5
3 Estin 4 Tax o 5 Over 6 Enter	payments Add lines 51a through 51g	5	16,5
3 Estin 4 Tax o 5 Over 6 Enter Part VI	payments Add lines 51a through 51g	5 8 5 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6	16,5 16,5
3 Estin 4 Tax 0 5 Over 6 Enter Part VI 7 At a	payments Add lines 51a through 51g	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	16,5
3 Estin 4 Tax 0 5 Over 6 Enter Part VI 7 At a over	payments Add lines 51a through 51g	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	16,5
3 Estin 4 Tax o 5 Over 6 Enter 2 art VI 7 At a over FinCl	payments Add lines 51a through 51g	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	16,5 16,5 Yes
3 Estin 4 Tax 0 5 Over 6 Enter Part VI 7 At a over	payments Add lines 51a through 51g	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	16,55 16,55 Yes
3 Estin 4 Tax o 5 Over 6 Enter 2 art VI 7 At a over FinCl here	payments Add lines 51a through 51g	55 55 55 55 55 55 55 55 55 55 55 55 55	16,55 16,55 Yes
3 Estin 4 Tax 6 5 Over 6 Enter Part VI 7 At a over FinCl here 3 Durin	payments Add lines 51a through 51g	55 55 55 55 55 55 55 55 55 55 55 55 55	16, 55 16, 55 Yes
3 Estinut 4 Tax 6 5 Over 6 Enter 2 art VI 7 At a over FinCt here 8 Durin If "Ye	payments Add lines 51a through 51g	55 55 55 55 55 55 55 55 55 55 55 55 55	16, 55 16, 55 Yes
3 Estinuta 4 Tax 6 5 Over 6 Enter 2 art VI 7 At a over FinCi here 8 Durin If "Ye	payments Add lines 51a through 51g	55 55 55 55 55 55 55 55 55 55 55 55 55	16,59 16,59 Yes
3 Estinution 4 Tax 6 5 Over 6 Enter 2 art VI 7 At a over FinCi here 8 Durin If "Ye 9 Enter	payments Add lines 51a through 51g	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	16,59 16,59 Yes
3 Estinda 4 Tax 6 5 Over 6 Enter 2 art VI 7 At a over FinCi here 8 Durin If "Ye 9 Enter 1 ign	payments Add lines 51a through 51g	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	16,59 Yes Yes this ret
3 Estinda 4 Tax 6 5 Over 6 Enter 2 art VI 7 At a over FinCi here 8 Durin If "Ye 9 Enter 1 ign	payments Add lines 51a through 51g	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Yes Yes this relown be
3 Estin 4 Tax 6 5 Over 6 Enter Part VI 7 At a over FinCl here 8 Durir If "Ye 9 Enter	payments Add lines 51a through 51g	other authority by have to file foreign country on trust?	Yes Yes This retown below be
3 Estin 4 Tax 6 5 Over 6 Enter Part VI 7 At a over FinCli here 8 Durir If "Ye	payments Add lines 51a through 51g	other authority by have to file foreign country on trust?	Yes Yes Yes Yes Yes Yes
3 Estin 4 Tax 0 5 Over 6 Enter Part VI 7 At a over FinCi here 8 Durir If "Ye 9 Enter	payments Add lines 51a through 51g. ated tax penalty (see instructions) Check if Form 2220 is attached. but If line 52 is less than the total of lines 49, 50, and 53, enter amount owed. chayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid. Check amount of line 55 you want. Credited to 2020 estimated tax. Statements Regarding Certain Activities and Other Information (see instructions by time during the 2019 calendar year, did the organization have an interest in or a signature or a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization many N Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the financial account of the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign structions for other forms the organization many have to file the amount of tax-exempt interest received or accrued during the tax year. Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the between correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type reparer's name	other authority by have to file foreign country on trust?	this retrown bells
3 Estin 4 Tax 6 5 Over 6 Enter Part VI 7 At a over FinCl here 8 Durir If "Ye 9 Enter	payments Add lines 51a through 51g. ated tax penalty (see instructions) Check if Form 2220 is attached. ue If line 52 is less than the total of lines 49, 50, and 53, enter amount owed cayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid. The amount of line 55 you want Credited to 2020 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions by time during the 2019 calendar year, did the organization have an interest in or a signature of a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may N Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the financial account of Foreign Bank and Financial Accounts If "Yes," enter the name of the financial account of the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign site in the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the between true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type Peparer's name Print/Type Pepar	other authority by have to file foreign country on trust?	16,55 Yes
3 Estind 4 Tax of 5 Over 6 Enter 9 Enter 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	payments Add lines 51a through 51g. ated tax penalty (see instructions) Check if Form 2220 is attached. but If line 52 is less than the total of lines 49, 50, and 53, enter amount owed. chayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid. Check amount of line 55 you want. Credited to 2020 estimated tax. Statements Regarding Certain Activities and Other Information (see instructions by time during the 2019 calendar year, did the organization have an interest in or a signature or a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization many N Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the financial account of the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign structions for other forms the organization many have to file the amount of tax-exempt interest received or accrued during the tax year. Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the between correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type reparer's name	other authority by have to file foreign country on trust?	16,55 Yes 1

Form 990-T (2019)										Page 3
Schedule A - Cost of G	oods Sold. Er	nter metho	d of invent	ory valuation	>					
						ar	6			
2 Purchases	2					ld. Subtract line				
3 Cost of labor				6 from li	ne 5 Enter	here and in Part				
4a Additional section 263A co	osts		ì	I, line 2			7_			
(attach schedule) 4a			8 Do the	rules of	section 263A (wi	section 263A (with respect to			No	
b Other costs (attach schedule) . 4b				or acquired for						
5 Total Add lines 1 through 4b . 5				to the org	anization? .					Х
Schedule C - Rent Income	e (From Real P	roperty a	nd Perso	nal Property	Leased V	Vith Real Proper	ty)			
(see instructions)										
1 Description of property										
(1)										
(2)										
(3)								_		
(4)										
	2 Rent recei	_				-				
for personal property is more than 10% but not percen			From real and personal property (if the tage of rent for personal property exceeds ir if the rent is based on profit or income)			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			ome	
(1)										
(2)										
(3)										
(4)										
Total		Total				(b) Table 1 at 1				
(c) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A)						(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)				
Schedule E - Unrelated D			ee instructi	ons)						
				income from or	3 (Deductions directly coni			le to	
 Description of det 	ot-financed property		allocable	allocable to debt-financed		debt-finance		erty b) Other dedu	ictions	
			property		(attach schedule)		(attach schedule)			
(1)										
(2)						<u> </u>				
(3)										
(4)	_									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted basis of or allocable to debt-financed property (attach schedule)					(column 2 x column 6) (column		8 Allocable deductions olumn 6 x total of columns 3(a) and 3(b))			
(1)				%						
(2)				%						
(3)		., .,		%						
(4)				%						
						e and on page 1, e 7, column (A)		r here and o I, line 7, col		
Totals				▶						

Form **990-T** (2019)

Ç

advertising costs

a gain, compute

cols 5 through 7

ıncome

Form 990-T (2019)

not more than

column 4)

(1) (2) (3)(4)

Totals (carry to Part II, line (5))

income

costs

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)				_		
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			

Form 990-T (2019)

ATTACHMENT	1	

PART I - LINE 12 - OTHER INCOME

3CDC LED ADVERTISING

32,325.

PART I - LINE 12 - OTHER INCOME

32,325.

ATTACHMENT 2

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

UTILITIES	7,381.
TAX PREPARATION EXPENSE	3,500.
FINANCING CHARGE	1,802.
ADVERTISING, MARKETING & COMMUNICATION	907.

PART II - LINE 27 - OTHER DEDUCTIONS 13,590.