

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 10-01-2019, and ending 09-30-2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: HCDC INC  
 Doing business as:  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 1776 MENTOR AVENUE NO 100  
 City or town, state or province, country, and ZIP or foreign postal code: CINCINNATI, OH 45212

**D** Employer identification number: 31-1061640  
**E** Telephone number: (513) 631-8292  
**G** Gross receipts \$ 4,902,841

**F** Name and address of principal officer:  
 PATRICK N LONGO  
 1776 MENTOR AVENUE NO 100  
 CINCINNATI, OH 45212

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c)(4) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.HCDC.COM

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1983 **M** State of legal domicile: OH

**Part I Summary**

**1** 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.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	27
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	18
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	1,139,512	2,753,375
<b>9</b> Program service revenue (Part VIII, line 2g)	1,955,168	2,090,851
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	57,115	45,939
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	-387
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,151,795	4,889,778
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	1,724,325
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,511,405	2,634,451
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	616,162	566,777
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,127,567	4,925,553
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	24,228	-35,775

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	4,634,089	4,609,721
<b>21</b> Total liabilities (Part X, line 26)	1,389,263	1,407,087
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	3,244,826	3,202,634

**Part II 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.

**Sign Here**

Signature of officer: \*\*\*\*\*  
 Date: 2021-07-28

PATRICK N LONGO PRESIDENT  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: 2021-07-28  
 Check  if self-employed PTIN: P01225377

Firm's name ▶ CLARK SCHAEFER HACKETT & CO Firm's EIN ▶ 31-0800053

Firm's address ▶ 1 EAST 4TH STREET Phone no. (513) 241-3111  
 CINCINNATI, OH 45202

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:

SERVE AS A COMPREHENSIVE DRIVING FORCE PROMOTING ECONOMIC DEVELOPMENT IN HAMILTON COUNTY, GREATER CINCINNATI AND THE STATE OF OHIO.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 4,651,619 including grants of \$ 1,724,325 ) (Revenue \$ 2,090,851 )  
See Additional Data






**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 4,651,619

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .		No
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  . . . . .	Yes	
<b>3</b>	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 . . . . .		No
<b>4</b>	<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? If "Yes," complete Schedule C, Part II . . . . .		
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		No
<b>6</b>	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  . . . . .		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  . . . . .		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  . . . . .		No
<b>9</b>	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  . . . . .		No
<b>10</b>	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 . . . . .		No
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  . . . . .	Yes	
<b>11b</b>	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  . . . . .		No
<b>11c</b>	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  . . . . .		No
<b>11d</b>	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  . . . . .		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  . . . . .	Yes	
<b>11f</b>	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  . . . . .		No
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  . . . . .		No
<b>12b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  . . . . .	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>14b</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 . . . . .		No
<b>15</b>	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 . . . . .		No
<b>16</b>	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 . . . . .		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II  . . . . .	Yes	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		No
<b>23</b>	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> . . . . .	Yes	
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>b</b>	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> . . . . .		No
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b>	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, Part III</i> . . . . .		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b>	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	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> . . . . .		No
<b>33</b>	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> . . . . .	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>36</b>	<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> . . . . .		
<b>37</b>	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	Yes	

**Part V 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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	



Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

**Part VII 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 year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TIMOTHY BLANKENHORN CHAIR	1.00 ..... 1.00	X		X			0	0	0	
(2) DAVID JACKSON VICE CHAIR	1.00 ..... 1.00	X		X			0	0	0	
(3) DANIEL GEEDING TREASURER	1.00 ..... 1.00	X		X			0	0	0	
(4) JEFFREY BENDER SECRETARY	1.00 ..... 1.00	X					0	0	0	
(5) DAVID LINGLER IMMEDIATE PAST CHAIR	1.00 ..... 1.00	X		X			0	0	0	
(6) CAROLYN DAVID DIRECTOR	1.00 ..... 1.00	X					0	0	0	
(7) LISA DIEDRICHS DIRECTOR	1.00 ..... 1.00	X					0	0	0	
(8) LISA HINTON DIRECTOR	1.00 ..... 1.00	X					0	0	0	
(9) JOE HUBER DIRECTOR	1.00 ..... 1.00	X					0	0	0	
(10) LAURENCE F JONES DIRECTOR	1.00 ..... 1.00	X					0	0	0	
(11) CHRIS XEIL LYONS DIRECTOR	1.00 ..... 1.00	X					0	0	0	
(12) SHEILA MIXON DIRECTOR	1.00 ..... 1.00	X					0	0	0	
(13) VINCE MARION DIRECTOR	1.00 ..... 1.00	X					0	0	0	
(14) JOE RICKARD DIRECTOR	1.00 ..... 1.00	X					0	0	0	
(15) BETH ROBINSON DIRECTOR	1.00 ..... 1.00	X					0	0	0	
(16) THOMAS R SAELINGER DIRECTOR	1.00 ..... 1.00	X					0	0	0	
(17) JAMES WATKINS DIRECTOR	1.00 ..... 1.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JACK WYANT ..... DIRECTOR	1.00 ..... 1.00	X						0	0	0
(19) MARGARET MOERTI ..... PRESIDENT	14.00 ..... 26.00			X				27,798	0	1,985
(20) PATRICK LONGO ..... PRESIDENT	14.00 ..... 26.00			X				212,268	0	28,243
(21) HARRY BLANTON ..... VICE PRESIDENT/ED DIRECTOR	40.00 .....			X				182,142	0	11,793
(22) CHRISTOPHER WAGNER ..... VICE PRESIDENT/COMPROLLER	27.00 ..... 13.00			X				141,867	0	8,751
(23) ANDREW YOUNG ..... VICE PRESIDENT/LENDING DIR	40.00 .....			X				146,890	0	14,014
(24) JONATHAN MAIN ..... DIRECTOR OF LOAN OPERATIONS	40.00 .....					X		104,285	0	19,457
(25) CATHERINE FITZGERALD ..... SENIOR DIRECTOR	40.00 .....					X		111,093	0	19,913
<b>1b Sub-Total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .								926,343	0	104,156

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**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 ▶ 0



Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and noncash contributions, plus a total line 1h.

Table for Program Service Revenue with 5 columns (A-D) and rows 2a-2f for LENDING SERVICE & PROC, SERVICE INCOME, RENTAL INCOME, OTHER PROGRAM SERVICE, and ECONOMIC DEVELOPMENT, plus a total line 2g.

Table for Other Revenue with 5 columns (A-D) and rows 3-12 for investment income, royalties, rental income, gain/loss from sales, fundraising events, gaming activities, and sales of inventory, plus a total line 12.

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	1,724,325	1,724,325		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	775,751	674,892	100,859	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	1,386,329	1,333,408	52,921	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	120,859	110,652	10,207	
<b>9</b> Other employee benefits . . . . .	201,858	189,314	12,544	
<b>10</b> Payroll taxes . . . . .	149,654	135,074	14,580	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	7,295	4,324	2,971	
<b>c</b> Accounting . . . . .	18,450		18,450	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	57,208	43,687	13,521	
<b>12</b> Advertising and promotion . . . . .	13,477	13,451	26	
<b>13</b> Office expenses . . . . .	78,567	69,923	8,644	
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	73,291	62,839	10,452	
<b>17</b> Travel . . . . .	15,580	14,573	1,007	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	21,277		21,277	
<b>20</b> Interest . . . . .	7,917	7,917		
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	134,170	131,988	2,182	
<b>23</b> Insurance . . . . .	16,976	16,699	277	
<b>24</b> 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.)				
<b>a</b> DUES AND SUBSCRIPTIONS	60,741	57,403	3,338	
<b>b</b> REAL ESTATE TAX	53,892	53,214	678	
<b>c</b> LENDING SERVICE EXPENSE	7,936	7,936		
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	4,925,553	4,651,619	273,934	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	4,280	<b>1</b>	500
	<b>2</b> Savings and temporary cash investments . . . . .	2,112,517	<b>2</b>	2,411,407
	<b>3</b> Pledges and grants receivable, net . . . . .	258,176	<b>3</b>	215,391
	<b>4</b> Accounts receivable, net . . . . .	185,890	<b>4</b>	120,205
	<b>5</b> Loans and other 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 . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	814,216	<b>7</b>	685,302
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	26,815	<b>9</b>	32,119
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,804,900		
	<b>b</b> Less: accumulated depreciation	4,705,605		
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	69,972	<b>12</b>	45,502
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,634,089	<b>16</b>	4,609,721	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	379,520	<b>17</b>	433,673
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	30,616	<b>19</b>	70,392
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	799,920	<b>24</b>	741,941
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	179,207	<b>25</b>	161,081
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,389,263	<b>26</b>	1,407,087
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	3,244,826	<b>27</b>	3,202,634
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	3,244,826	<b>32</b>	3,202,634	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	4,634,089	<b>33</b>	4,609,721	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,889,778
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,925,553
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-35,775
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,244,826
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-19,867
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	13,450
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,202,634

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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?  
 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 Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 31-1061640

**Name:** HCDC INC

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

SERVES AS A COMPREHENSIVE ECONOMIC DEVELOPMENT ENTITY IN HAMILTON COUNTY, GREATER CINCINNATI, THE STATE OF OHIO, AND THE COMMONWEALTH OF KENTUCKY. THE COMPANY ASSISTS BUSINESSES AND COMMUNITIES VIA THE U.S. SMALL BUSINESS ADMINISTRATION CERTIFIED DEVELOPMENT COMPANY LOAN PROGRAM AND THE OHIO REGIONAL 166 LOAN PROGRAM, ADMINISTRATION OF THE HAMILTON COUNTY ECONOMIC DEVELOPMENT OFFICE, AND THE DEVELOPMENT OF A BUSINESS INCUBATOR. THE COMPANY SEEKS TO IMPROVE THE ECONOMIC WELL-BEING IN THE COMMUNITIES AND BUSINESSES IT SERVES VIA ACCESS TO CAPITAL, BUSINESS ASSISTANCE, AND ECONOMIC DEVELOPMENT PROGRAMMING.

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**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ **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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Name of the organization**  
HCDC INC

**Employer identification number**  
31-1061640

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year . . . . .		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

**(i)** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> Ending balance . . . . .                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Temporarily restricted endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		209,000		209,000
<b>b</b> Buildings . . . . .		5,084,544	4,199,971	884,573
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .				
<b>e</b> Other . . . . .		511,356	505,634	5,722
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,099,295

**Part VII Investments—Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**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	(b) Book value
(1) Federal income taxes	
(2) BANK PARTICIPATION POOL	123,332
(3) APPLICATION & COMMITMENT FEES	37,749
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	161,081

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

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	
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**Part XIII** **Supplemental Information (continued)**

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

Schedule I (Form 990)

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization HCDC INC

Employer identification number

31-1061640

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of noncash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	<b>(f)</b> Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 31-1061640  
**Name:** HCDC INC

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW ORLEANS TO GO 15 VALE AVE CINCINNATI, OH 45215	26-0149093		10,000				FINANCIAL ASSISTANCE
VANAY 5915 HAMILTON AVENUE CINCINNATI, OH 45224	82-1234408		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
KENADI HAIR STUDIO 8021 MILL STREET MIAMITOWN, OH 45041	27-0448419		10,000				FINANCIAL ASSISTANCE
52 BAR 4016 GLENWAY AVENUE AVE CINCINNATI, OH 45205	91-1784948		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALL IN PRODUCTIONS 5 FOXHALL CT CINCINNATI, OH 45219	20-4480672		10,000				FINANCIAL ASSISTANCE
IMPERIAL WOK 4071 EAST GALBRAITH RD MR CINCINNATI, OH 45236	46-3243722		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
INN OF HYDE PARK LLC 3539 SHAW AVENUE CINCINNATI, OH 45208	81-4301958		10,000				FINANCIAL ASSISTANCE
BROTHERS CAFE LLC 7208 MONTGOMERY ROAD 1ST FLOORBASEM NT CINCINNATI, OH 45236	81-2340430		10,000				FINANCIAL ASSISTANCE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CHEIKH M CHEIKH AHMED 21 W CHARLOTTE AVE 4 CINCINNATI, OH 45215	32-7918574		10,000				FINANCIAL ASSISTANCE
MAUMEE WORLD TRADERS 579 CHAPELVIEW CT CINCINNATI, OH 45233	28-1625650		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE FAWN CONFECTIONERY 2692 MADISON RD CINCINNATI, OH 45208	31-1446953		10,000				FINANCIAL ASSISTANCE
POLARIS HEALTH CARE SOLUTIONS LLC 26 EAST 6TH STREET SUITE 501 501 CINCINNATI, OH 45202	02-0671629		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRAVEL BY KAREN OF CINCINNATI 11889 WINSTON CIRCLE CINCINNATI, OH 45240	31-1693190		10,000				FINANCIAL ASSISTANCE
PLUM STREET CAFE INC 423 PLUM ST CINCINNATI, OH 45202	31-1066150		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
5-STAR PROMOTIONS & PRODUCTS 89 CARPENTERS RIDGE CINCINNATI, OH 45241	26-1613605		10,000				FINANCIAL ASSISTANCE
OHIO PREMIER PAINTING 1154 HIGHCLIFF CT CINCINNATI, OH 45224	82-4812716		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIZARRE BAZAAR 7767 FIVE MILE RD CINCINNATI, OH 45230	57-1220492		10,000				FINANCIAL ASSISTANCE
JAPPS MAIN STREET MAIN INVESTORS 1134 MAIN ST CINCINNATI, OH 45202	30-1081871		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TRIPLE E REALTY 7482 BRIDGE POINT PASS MRS CINCINNATI, OH 45248	28-8824245		10,000				FINANCIAL ASSISTANCE
ESP MEDIA LLC 8549 MONTGOMERY ROAD SUITE C CINCINNATI, OH 45236	45-2802439		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STREETPOPS 4720 VINE STREET CINCINNATI, OH 45217	45-5217346		10,000				FINANCIAL ASSISTANCE
SAFE AND SECURE CONCIERGE LLC 10843 LEMARIE DR CINCINNATI, OH 45241	83-1010758		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAIGON SUBS AND ROLLS 151 W 4TH STREET CINCINNATI, OH 45202	61-1787841		10,000				FINANCIAL ASSISTANCE
D R VENTKER DDS 793 COMPTON ROAD CINCINNATI, OH 45231	31-0732593		10,000				FINANCIAL ASSISTANCE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BFC FITNESS 1580 SUMMIT RD CINCINNATI, OH 45237	81-1472066		10,000				FINANCIAL ASSISTANCE
EVERY NOW AND THEN ANTIQUUE FURNITURE MALL 430 W BENSON STREET CINCINNATI, OH 45215	30-0683856		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PHILEMON PROPERTIES LLC 4141 FLORAL AVENUE - CINCINNATI, OH 45212	84-5039921		10,000				FINANCIAL ASSISTANCE
LMT ROOFING LLC 5498 MEGANS OAK CT CINCINNATI, OH 45248	83-2109032		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GO TO GIRLS LLC DBA RORY MAXWELL 6934 MIAMI AVENUE CINCINNATI, OH 45243	47-3358033		10,000				FINANCIAL ASSISTANCE
A-TOWN CAR SERVICE LLC 1897 KINGSWAY CT CINCINNATI, OH 45230	83-1443696		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NAISH INVESTMENTS LLC DBA CRAFTSMAN CONSTRUCTION & CABINetry 8026 OLD KELLOGG ROAD CINCINNATI, OH 45255	45-4833933		10,000				FINANCIAL ASSISTANCE
JL JOHNSON ENTERPRISES INC 9406 PIPPIN ROAD CINCINNATI, OH 45231	43-2043526		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NOLANDS UNIQUE PAINT & BODY LLC 4039 DEER PARK AVENUE CINCINNATI, OH 45236	20-1849115		10,000				FINANCIAL ASSISTANCE
AKM ENTERTAINMENT (POGO PLAY) 10870 KENWOOD ROAD MS BLUE ASH, OH 45242	46-2619470		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AUTOMOTIVE ENTERPRISES LLC 2983 P G GRAVES LANE CINCINNATI, OH 45241	47-4309315		10,000				FINANCIAL ASSISTANCE
FRENCH RENDEZVOUS 6124 MADISON ROAD CINCINNATI, OH 45227	29-7883706		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HUIT FOODS LLC 29 ECOURT ST CINCINNATI, OH 45202	46-4477485		10,000				FINANCIAL ASSISTANCE
2 STAR INVESTMENTS INC 18 ESWIN STREET CINCINNATI, OH 45218	31-1381728		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MILLIE'S PLACE 5923 MADISON ROAD CINCINNATI, OH 45227	31-2486541		10,000				FINANCIAL ASSISTANCE
REGAL JEWELS INTERNATIONAL INC 11260 CHESTER CT SUITE 536 CINCINNATI, OH 45246	31-1433196		10,000				FINANCIAL ASSISTANCE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
TIFFANYS BEAUTY & BARBER STUDIO 1745 SECTION RD CINCINNATI, OH 45237	82-1610055		10,000				FINANCIAL ASSISTANCE
FUN INFLATABLES LLC 415 WEST SEYMOUR AVENUE CINCINNATI, OH 45216	45-1588362		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FLATLINERS BARBERSHOP FLATLINERS LLC 11700 PRINCETON PIKE E205 CINCINNATI, OH 45246	81-4262445		10,000				FINANCIAL ASSISTANCE
DOOGIES PEST MANAGEMENT SERVICES LLC 3047 HACKBERRY MS FLOOR 1 CINCINNATI, OH 45206	82-4838896		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CYDNEY WAYNE DBA STUDIO BLACK 11921 MONTGOMERY RD STE 3 CINCINNATI, OH 45249	29-3901100		10,000				FINANCIAL ASSISTANCE
IMMEDIATE FEEDBACK ASSESSMENT TECHNIQUE (IF-AT) LLC DBA EPSTEIN EDUCATIO 1776 MENTOR AVENUE 76-184 CINCINNATI, OH 45212	26-2927082		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
STUDIO 914 HAIR SALON INC 1612 COMPTON RD MS CINCINNATI, OH 45231	30-0694717		10,000				FINANCIAL ASSISTANCE
FRENCH COUNTRY ROAD CINCINNATI LLC 6912 MIAMI AVENUE CINCINNATI, OH 45243	47-2009935		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HAIR VILLAGE ELITE LLC 7129 MONTGOMERY ROAD CINCINNATI, OH 45236	27-0244043		10,000				FINANCIAL ASSISTANCE
QUEEN CITY EXCHANGE 32 W COURT ST CINCINNATI, OH 45202	47-5510511		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COLLECTIVE ESPRESSO 207 WOODWARD ST CINCINNATI, OH 45202	45-3764657		10,000				FINANCIAL ASSISTANCE
ALAMO TIGER LLC DBA THE TAKEAWAY DELI AND GROCERY 1324 MAIN ST CINCINNATI, OH 45202	81-2855153		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DIXIE EXTERIOR DESIGN AND LANDSCAPE 545 TERRACE AVE CINCINNATI, OH 45220	83-3477702		10,000				FINANCIAL ASSISTANCE
IT FORESIGHT LLC 1758 EAST MCMILLAN STREET CINCINNATI, OH 45206	83-0340540		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BYRON PHOTOGRAPHY 2100 WEST 8TH ST CINCINNATI, OH 45204	27-3416383		10,000				FINANCIAL ASSISTANCE
MAINWOOD PASTRY DBA COLLECTIVE FINDLAY 113 W ELDER ST CINCINNATI, OH 45202	35-2589932		10,000				FINANCIAL ASSISTANCE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PRESIDENTIAL ENTERTAINMENT LLC 2607 MOORMAN AVE CINCINNATI, OH 45206	27-0071529		10,000				FINANCIAL ASSISTANCE
EASLEY BLESSED PHOTOGRAPHY 289 NORTHLAND BLVD C CINCINNATI, OH 45246	90-0188521		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE VILLAGE EMPOWERMENT NETWORK 6417 MONALISA COURT CINCINNATI, OH 45239	83-3172253		10,000				FINANCIAL ASSISTANCE
POOR MICHAEL'S INC 11938 HAMILTON AVE CINCINNATI, OH 45231	31-1169031		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DIGITEK CORP 10945 READ HARTMAN HIGHWAY SUITE 119 CINCINNATI, OH 45242	31-1689603		10,000				FINANCIAL ASSISTANCE
MORGAN'S AUTO BODY LLC 6488 GLENWAY AVE AVE CINCINNATI, OH 45211	27-0986608		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
COMPANIES BY DESIGN LLC DBA REFRESH PROPERTY SOLUTIONS 2938 VERNON PLACE CINCINNATI, OH 45219	47-3763354		10,000				FINANCIAL ASSISTANCE
BRU BROTHERS 1719 ELM STREET CINCINNATI, OH 45243	36-4853447		10,000				FINANCIAL ASSISTANCE

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

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CREATING WAYS TRANSPORTATION SERVICES LLC 4831 CORINTH AVENUE OH CINCINNATI, OH 45237	45-3679296		10,000				FINANCIAL ASSISTANCE
SUDER'S ART STORE 1309 VINE ST CINCINNATI, OH 45202	31-0672998		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
IRIE BOUTIQUE 5994 WIND STREET CINCINNATI, OH 45227	82-0714184		10,000				FINANCIAL ASSISTANCE
FAMILY TREATS & GRILL ON WHEELS 2756 SPRUCEWAY DR MR AND MRS CINCINNATI, OH 45251	33-1208287		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BALIZZA HEALTHCARE SOLUTIONS 3341 HARRISON AVENUE CINCINNATI, OH 45211	81-5239450		10,000				FINANCIAL ASSISTANCE
OTR CONNECTIONS LLC 40 EAST MCMICKEN AVENUE CINCINNATI, OH 45202	46-2727234		10,000				FINANCIAL ASSISTANCE

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

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CONVERSA LANGUAGE CENTER INC 817 MAIN ST 6 CINCINNATI, OH 45202	31-1395236		10,000				FINANCIAL ASSISTANCE
ASEAYA BOUTIQUE LATOYA SUGGS 9400 READING RD MS SUITE 5 CINCINNATI, OH 45215	46-3043697		10,000				FINANCIAL ASSISTANCE



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

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MDEZZEL LTD LLCXCLUSIVELY U SALON & DAY SPA 10147 SPRINGFIELD PIKE CINCINNATI, OH 45215	46-4043373		10,000				FINANCIAL ASSISTANCE
BE GORGEOUSLY YOU LLC 2648 FERNVIEW CT FERNVIEW ESTATES CINCINNATI, OH 45212	81-2776884		10,000				FINANCIAL ASSISTANCE

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

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SOLID TRAINING 5515 5515 BRIDGETOWN ROAD CINCINNATI, OH 45248	47-3930116		10,000				FINANCIAL ASSISTANCE
791 EAST MCMILLAN LLC 791 EAST MCMILLAN STREET CINCINNATI, OH 45206	31-1602493		10,000				FINANCIAL ASSISTANCE

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

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BEE HAVEN LLC 1815 ELM STREET CINCINNATI, OH 45202	26-2207247		10,000				FINANCIAL ASSISTANCE
THE CINCINNATI SCALE CO 6919 VINE ST CINCINNATI, OH 45216	31-1313516		10,000				FINANCIAL ASSISTANCE

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

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PARKLAND THEATRE 6550 PARKLAND AVE CINCINNATI, OH 45233	31-1691113		10,000				FINANCIAL ASSISTANCE
GBI CINCINNATI INC 7700 SHAWNEE RUN RD 3120 CINCINNATI, OH 45243	06-1697738		10,000				FINANCIAL ASSISTANCE

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

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BARHOST MEDIA LTD 30 E SHARON ROAD MR CINCINNATI, OH 45246	29-7925108		10,000				FINANCIAL ASSISTANCE
WOMEN OF STYLES SALON & DAY SPA LLC 513-821-7893 7513 READING RD CINCINNATI, OH 45237	20-8936667		10,000				FINANCIAL ASSISTANCE

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

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HEADS UP TRADING COMPANY LLC 2943 TEMPLE AVENUE CINCINNATI, OH 45211	81-4014732		10,000				FINANCIAL ASSISTANCE
SWEET SPOT EXECUTIVE SERVICES 3432 EDWARDS RD SARAH TSAI 202 CINCINNATI, OH 45208	27-8882925		10,000				FINANCIAL ASSISTANCE

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

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ATTORNEY ALISE M WILSON LLC 4555 LAKE FOREST DRIVE 650 CINCINNATI, OH 45242	82-3465143		10,000				FINANCIAL ASSISTANCE
THE GATHERING PLACE 611 HARRISON AVENUE HARRISON, OH 45030	29-9669282		10,000				FINANCIAL ASSISTANCE

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

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COSIE LLC 909 NORTH BEND ROAD CINCINNATI, OH 45224	38-3789386		10,000				FINANCIAL ASSISTANCE
PREFERRED JEWELERS LLC 481 E KEMPER ROAD GOLD ASSOCIATES CINCINNATI, OH 45246	31-1296381		10,000				FINANCIAL ASSISTANCE



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AROMA ART INC USA 3164 LINWOOD AVENUE 2 CINCINNATI, OH 45208	82-1689250		10,000				FINANCIAL ASSISTANCE
LOCOMOVEMENT 3825 EDWARDS RD MS 103 CINCINNATI, OH 45209	47-2824704		10,000				FINANCIAL ASSISTANCE

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JH SHOES DBA CO-OP ON CAMARGO 7890 CAMARGO ROAD CINCINNATI, OH 45243	81-1547590		10,000				FINANCIAL ASSISTANCE
SNOOKU LLC 7428 MONTGOMERY ROAD CINCINNATI, OH 45236	20-5283384		10,000				FINANCIAL ASSISTANCE

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DIVRSION LLP 1151 STONE DRIVE D4 HARRISON, OH 45030	83-2291836		10,000				FINANCIAL ASSISTANCE
ROSE OF SHARON PO BOX 46915 ROSE OF SHARON 46915 CINCINNATI, OH 45246	68-0676175		10,000				FINANCIAL ASSISTANCE

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

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BILTER PROPERTIES LLC 4343 KELLOGG AVE MR CINCINNATI, OH 45226	68-0512382		10,000				FINANCIAL ASSISTANCE
DC ENTERPRISE 10046 TRAPP LANE CINCINNATI, OH 45231	85-1264745		10,000				FINANCIAL ASSISTANCE

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CP NUTLEY LLC 5226 MONTGOMERY RD CINCINNATI, OH 45212	82-2392446		10,000				FINANCIAL ASSISTANCE
HAPPY HOLLOW INN LLC 2430 PARK AVENUE NORWOOD, OH 45212	81-1907801		10,000				FINANCIAL ASSISTANCE

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WILFLO ENTERPRISES 4262 WEST FORK ROAD CINCINNATI, OH 45247	27-1547231		10,000				FINANCIAL ASSISTANCE
FSW HOLDINGS LLC DBA THE DOG HAUS 494 PEDRETTI AVE CINCINNATI, OH 45238	20-0354165		10,000				FINANCIAL ASSISTANCE

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MAKERS BAKERS CO LTD 1801 RACE ST CINCINNATI, OH 45202	83-2738780		10,000				FINANCIAL ASSISTANCE
DESIGNER ITEMS AND MORE BOUTIQUE 7791 COOPER RD MRS SUITE E MONTGOMERY, OH 45069	82-0927507		10,000				FINANCIAL ASSISTANCE

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HEAD TO TOE DANCE STUDIO 3220 CITATION LANE LN NORTH BEND, OH 45052			10,000				FINANCIAL ASSISTANCE
COUNSEL TO THE ENTREPRENEUR LLC 6322 ELWYNNE DRIVE MS CINCINNATI, OH 45236	83-3017491		10,000				FINANCIAL ASSISTANCE



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RS INTEGRATION SOLUTIONS LLC 4665 MALSARY RD CINCINNATI, OH 45242	82-3862067		10,000				FINANCIAL ASSISTANCE
TDJ ENTERPRISE LLC (DBA BRAIN BALANCE OF CINCINNATI) 12084 MONTGOMERY RD CINCINNATI, OH 45249	26-4125059		10,000				FINANCIAL ASSISTANCE

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THE RHINE GROUP 1311 VINE STREET CINCINNATI, OH 45202	47-3576229		10,000				FINANCIAL ASSISTANCE
LUCHYS KITCHEN 1719 ELM STREET CINCINNATI, OH 45202	28-8065580		10,000				FINANCIAL ASSISTANCE

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WINNERS TAX SERVICE 1821 SUMMIT ROAD 103 CINCINNATI, OH 45237	20-1402061		10,000				FINANCIAL ASSISTANCE
GRADE A UNIFORM LLC 2122 LOSANTIVILLE AVE B CINCINNATI, OH 45237	45-2794416		10,000				FINANCIAL ASSISTANCE

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HELLO HONEY 633 VINE STREET CINCINNATI, OH 45202	45-5258822		10,000				FINANCIAL ASSISTANCE
PEACH GROVE ANIMAL HOSPITAL LLC 5636 SPRINGDALE ROAD CINCINNATI, OH 45251	45-4064918		10,000				FINANCIAL ASSISTANCE

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KING OF KINGZ FITNESS 6630 HAMILTON AVE NORTH COLLEGE HILL, OH 45224	81-0842659		10,000				FINANCIAL ASSISTANCE
MASTER COMMUNICATIONS INC 212 FIFTEENTH WEST UNIT G CINCINNATI, OH 45202	31-1403959		10,000				FINANCIAL ASSISTANCE

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TIFFANY NAIL & SPA 10198 COLERAIN AVE AVENUE CINCINNATI, OH 45251	27-3303379		10,000				FINANCIAL ASSISTANCE
4 AND 1 IMPORTS INC 5873 DAY ROAD MARK SPAMPINATO CINCINNATI, OH 45252	31-0953554		10,000				FINANCIAL ASSISTANCE

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RAY AND GERALDINE INC DBA THE WOODLANDS 9680 CILLEY RD CLEVES, OH 45002	31-0875444		10,000				FINANCIAL ASSISTANCE
CHRIS HATKE CINCY WEDDING DJS LLC 5610 CHEVIOT RD CINCINNATI, OH 45247	94-3460811		10,000				FINANCIAL ASSISTANCE

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BOB WHALENAUTO BODY 6651 MORGAN RD CLEVES, OH 45002	29-8580838		10,000				FINANCIAL ASSISTANCE
BLACK PLASTIC 6470 GLENWAY AVE C CINCINNATI, OH 45211	45-5416990		10,000				FINANCIAL ASSISTANCE



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TWISTED PLAYGROUNDS 1179 W GALBRAITH RD CINCINNATI, OH 45231	47-2103599		10,000				FINANCIAL ASSISTANCE
MARIA'S SCHOOL OF DANCE 6924 PLIANFIELD RD CINCINNATI, OH 45236	29-8581638		10,000				FINANCIAL ASSISTANCE

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PUPIL BOX LLC 2889 MARKBREIT AVENUE CINCINNATI, OH 45209	81-2528357		10,000				FINANCIAL ASSISTANCE
MORGANS OLD ROADHOUSE 505 PEDRETTI AVE CINCINNATI, OH 45238	41-2212111		10,000				FINANCIAL ASSISTANCE

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O'NEAL'S TAVERN 8251 BEECHMONT AVENUE CINCINNATI, OH 45255	31-1439381		10,000				FINANCIAL ASSISTANCE
TEL LAWN CARE 11075 GRAND AVE AVE CINCINNATI, OH 45242	31-1715955		10,000				FINANCIAL ASSISTANCE

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COLERAIN AUTO SERVICE 7969 COLERAIN AVE CINCINNATI, OH 45239	35-2384300		10,000				FINANCIAL ASSISTANCE
TRIUNE WELLNESS CORPORATION 10999 REED HARTMAN HIGHWAY 207 BLUE ASH, OH 45242	20-5717466		10,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DRIVE MIXED MARTIAL ARTS 1144 HARRISON AVE D HARRISON, OH 45030	45-3344752		10,000				FINANCIAL ASSISTANCE
SAUL GOOD ENTERPRISES LLC 3040 SADDLEBACK DRIVE CINCINNATI, OH 45244	82-2421415		10,000				FINANCIAL ASSISTANCE

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RADIANT LASER HAIR REMOVAL CENTER 11138 KENWOOD ROAD CINCINNATI, OH 45242	31-1714306		10,000				FINANCIAL ASSISTANCE
BARNES REAL ESTATE GROUP LLC 6004 MADISON ROAD CINCINNATI, OH 45227	30-0115789		10,000				FINANCIAL ASSISTANCE

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THE VOICE OF YOUR CUSTOMER 2259 GILBERT AVENUE CINCINNATI, OH 45206	30-0494586		10,000				FINANCIAL ASSISTANCE
GASLIGHT BED AND BREAKFAST 3652 MIDDLETON AVE CINCINNATI, OH 45220	31-1802868		10,000				FINANCIAL ASSISTANCE

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GARDEN MONTESSORI SCHOOL 1318 NAGEL ROAD MRS CINCINNATI, OH 45255	31-0945503		9,961				FINANCIAL ASSISTANCE
RN AND ASSOCIATES LLC 245 NORTHLAND BOULEVARD CINCINNATI, OH 45246	35-2365276		5,000				FINANCIAL ASSISTANCE



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TIN MAN GRILL 8063 HOPPER RD CINCINNATI, OH 45255	81-3094945		5,000				FINANCIAL ASSISTANCE
FIVE SISTERS CONSIGNMENTS 4153 HAMILTON CLEVES RD C CLEVES, OH 45002	82-1849961		5,000				FINANCIAL ASSISTANCE

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SUE HEDLESTEN TEST TR FOB ROBERT HEDLESTEN 3905 BEECH ST CINCINNATI, OH 45227	81-6942628		5,000				FINANCIAL ASSISTANCE
BEAUTYLEAK LIMITED 5917 VINE STREET OHIO CINCINNATI, OH 45216	81-3771457		5,000				FINANCIAL ASSISTANCE

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PURE OPULENCE BEAUTY AND SPA 5135456321 4 TRIANGLE PARK DR 403 CINCINNATI, OH 45246	12-9847364		5,000				FINANCIAL ASSISTANCE
DIVERSION INVESTIGATIONS LLC 11427 REED HARTMAN HWY BLUE ASH, OH 45241	83-1387564		5,000				FINANCIAL ASSISTANCE

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SLIME LAB LLC 17 ESWIN ST ST CINCINNATI, OH 45218	83-3167644		5,000				FINANCIAL ASSISTANCE
DESIGNED FOR DESTINY LLC 11851 KNOLLSPRINGS COURT SPRINGDALE, OH 45246	43-2070175		5,000				FINANCIAL ASSISTANCE

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ARABESQUE DANCE ACADEMY 1500 GOODMAN AVE CINCINNATI, OH 45224	46-3496479		5,000				FINANCIAL ASSISTANCE
TRENDZ SALON 4769 GLENDALE MILFORD RD BLUE ASH, OH 45242	31-1304301		5,000				FINANCIAL ASSISTANCE

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SWEET SISTAH SPLASH - SHEBA MAMA 1218 SYCAMORE STREET CINCINNATI, OH 45202	45-4993074		5,000				FINANCIAL ASSISTANCE
DEVIANT DESIGNS INC 8439 BEECHMONT AVE ANDERSON, OH 45255	46-5013134		5,000				FINANCIAL ASSISTANCE

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LOVELAND HAIR DESIGNERS 356 LOVELAND MADERIA ROAD RD LOVELAND, OH 45140	82-4419826		5,000				FINANCIAL ASSISTANCE
THE GREENWICH 2440 GILBERT AVENUE CINCINNATI, OH 45206	31-1390185		5,000				FINANCIAL ASSISTANCE

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BRESLIN HAIRLINE I INC 8586 WINTON ROAD CINCINNATI, OH 45231	31-1169636		5,000				FINANCIAL ASSISTANCE
QUEEN CITY CROWN & BRIDGE 11311 SPRINGFIELD PIKE PIKE CINCINNATI, OH 45246	31-1483515		5,000				FINANCIAL ASSISTANCE



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GLENDALE SALON 230 E SHARON ROAD CINCINNATI, OH 45246	47-1167259		5,000				FINANCIAL ASSISTANCE
ROOTIES BRICKHOUSE 3609 HARRISON AVENUE CINCINNATI, OH 45211	31-1779994		5,000				FINANCIAL ASSISTANCE

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MADISON OF CINCY LLC 2406 SPRING GROVE AVE CINCINNATI, OH 45214	26-0704981		5,000				FINANCIAL ASSISTANCE
L&D CAR CONNECTION LLC 9488 PIPPIN ROAD ROAD CINCINNATI, OH 45239	81-1084436		5,000				FINANCIAL ASSISTANCE

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MURPHYS PUB 2329 WEST CLIFTON AVE CINCINNATI, OH 45219	31-1697567		5,000				FINANCIAL ASSISTANCE
DECOR TO MATCH LLC DBA I THOUGHT OF YOU 1115 CONGRESS AVE CINCINNATI, OH 45246	46-2159547		5,000				FINANCIAL ASSISTANCE

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HAIRGASM EUPHORIA STUDIOS LTD 10806 HAMILTON AVE B CINCINNATI, OH 45231	82-1658361		5,000				FINANCIAL ASSISTANCE
ROSHO LLC 2206 LANGDON FARM RD CINCINNATI, OH 45237			5,000				FINANCIAL ASSISTANCE

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KW OTR VENTURES LLC 119 E 13TH ST CINCINNATI, OH 45202	46-0723504		5,000				FINANCIAL ASSISTANCE
EAGLE INSPIRATION TRAINING & DEVELOPMENT INC 10901 REED HARTMAN HIGHWAY THE 204 CINCINNATI, OH 45242	71-0968058		5,000				FINANCIAL ASSISTANCE

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FASHIONABLY GRACE YOUNGSTERS BOUTIQUE LLC 1337 CALIFORNIA AVE CINCINNATI, OH 45237	82-2926344		5,000				FINANCIAL ASSISTANCE
MARTY'S HOPS & VINES 6110 HAMILTON AVENUE CINCINNATI, OH 45224	27-0166720		5,000				FINANCIAL ASSISTANCE

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ENDLESS SUMMER TANNING INC 8526 WINTON ROAD CINCINNATI, OH 45231	27-2085739		5,000				FINANCIAL ASSISTANCE
MASSAAGE AND WELLNESS CENTER 1147 STONE DRIVE HARRISON, OH 45030	20-0576986		5,000				FINANCIAL ASSISTANCE

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MKLMEETING MANAGEMENT 838 WOODLYN DRIVE SOUTH MS CINCINNATI, OH 45230	30-4561078		5,000				FINANCIAL ASSISTANCE
SALON BE 8298 CLOUGH PIKE CINCINNATI, OH 45255	27-3093168		5,000				FINANCIAL ASSISTANCE



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HARRISON SLEEP SHOP 593 RING RD HARRISON, OH 45030	28-2605488		5,000				FINANCIAL ASSISTANCE
JO GOENNER TALENT AGENCY LLC 10948 READING ROAD SHARONVILLE, OH 45341	26-4577372		5,000				FINANCIAL ASSISTANCE

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ART RESOURCE TEAM 506 WYOMING AVENUE CINCINNATI, OH 45215	27-0589644		5,000				FINANCIAL ASSISTANCE
SIGN EFFECTS SIGN CO LLC 1731 W GALBRAITH RD CINCINNATI, OH 45239	31-1749069		5,000				FINANCIAL ASSISTANCE

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A PLACE FOR SENIORS 40 ESWIN STREET CINCINNATI, OH 45218	47-3508568		5,000				FINANCIAL ASSISTANCE
MOUNT WASHINGTON EDUCATIONAL ARTS CENTER 2127 BEECHMONT AVE CINCINNATI, OH 45230	27-1775835		5,000				FINANCIAL ASSISTANCE

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FRANK'S PROFESSIONAL CLEANING SERVICE 5668 LAWRENCE ROAD CINCINNATI, OH 45248	31-1573437		5,000				FINANCIAL ASSISTANCE
NATI STYLZ BARBERSHOP LLC 6849 GREISMER AVE CINCINNATI, OH 45249	46-2153037		5,000				FINANCIAL ASSISTANCE

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INCEPTION HAIR STUDIO 5500 CARTHAGE AVE FL1 CINCINNATI, OH 45212	82-2350930		5,000				FINANCIAL ASSISTANCE
KELLY CLARK DESIGN 652 GLENWAY AVENUE CINCINNATI, OH 45215	27-8743154		5,000				FINANCIAL ASSISTANCE

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A BETTER RENTAL 502 WYOMING AVENUE CINCINNATI, OH 45215	81-1963587		5,000				FINANCIAL ASSISTANCE
TOTAL PACKAGE MASONRY 8701 PLANET DR CINCINNATI, OH 45231	47-5124314		5,000				FINANCIAL ASSISTANCE

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LAW OFFICE OF KENNETH HEUCK JR 621 WOOSTER PIKE TERRACE PARK, OH 45174	31-1425797		5,000				FINANCIAL ASSISTANCE
THE HOPPER HOUSE 8261 BEECHMONT AVENUE CINCINNATI, OH 45255	82-2972398		5,000				FINANCIAL ASSISTANCE

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WORLD OF SPANISH LLC 2127 BERRYPATCH DR OH CINCINNATI, OH 45244	26-3133669		5,000				FINANCIAL ASSISTANCE
RSMITH ACCOUNTING & TAX SERVICES 11427 REED HARTMAN HIGHWAY CINCINNATI, OH 45241	83-1867828		5,000				FINANCIAL ASSISTANCE



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DIAMOND GIRLS HAIR EMPORIUM 28 ESWIN STREET GREENHILLS, OH 45218	82-0638959		5,000				FINANCIAL ASSISTANCE
HERIZ ORIENTAL RUGS 9361 MONTGOMERY RD A CINCINNATI, OH 45242	31-1297458		5,000				FINANCIAL ASSISTANCE

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HOCUS FOCUS PHOTO BOOTHS 6818 STATE ROUTE 128 INC CLEVES, OH 45002	45-4842723		5,000				FINANCIAL ASSISTANCE
WORLD CLASS AUTO DETAILERS 10910 HAMILTON AVE CINCINNATI, OH 45231	37-1665965		5,000				FINANCIAL ASSISTANCE

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LITTLE RASCALS PET SALON LLC 7764 BEECHMONT AVE CINCINNATI, OH 45255	32-0410779		5,000				FINANCIAL ASSISTANCE
1ST STREAM LLC 817 CONSIDINE AVENUE CINCINNATI, OH 45205	20-8549789		5,000				FINANCIAL ASSISTANCE

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DISTINCT DESIGNS SALON AND SPA 1102 WKEMPER ROAD CINCINNATI, OH 45240	68-0658281		5,000				FINANCIAL ASSISTANCE
GLENWAY 2824 LLC 361 CITYSCAPE WEST DR CINCINNATI, OH 45205	82-3406631		5,000				FINANCIAL ASSISTANCE

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EGM MOBILE NAIL SALON LLC 8465 FOXCROFT DRIVE CINCINNATI, OH 45231	83-3418338		5,000				FINANCIAL ASSISTANCE
BACK 2 THE DIPPER LLC 6918 PLAINFIELD ROAD CINCINNATI, OH 45236	81-1884635		5,000				FINANCIAL ASSISTANCE

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QUEEN CITY FENCERS CLUB LLC 4066 E GALBRAITH RD CINCINNATI, OH 45236	83-1326052		5,000				FINANCIAL ASSISTANCE
THE WEDDING PLACE 118 WEST BENSON STREET READING, OH 45215	82-4466951		5,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NARRATED T SHIRTS 2217 WOODACRE DR CINCINNATI, OH 45231	32-1749899		5,000				FINANCIAL ASSISTANCE
VEA CONSULTANTS LLC 1553 WILLIAMSON DRIVE CINCINNATI, OH 45240	46-1854716		5,000				FINANCIAL ASSISTANCE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
DESTINES DU JOUR 514 WYOMING AVENUE CINCINNATI, OH 45215	47-4524907		5,000				FINANCIAL ASSISTANCE
RUMAR ENTERPRISES INC DBA PATRICE & ASSOCIATES 621 E MEHRING WAY UNIT 508 CINCINNATI, OH 45202	81-3107333		5,000				FINANCIAL ASSISTANCE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
C RENEE HR CONSULTING LLC 6407 STOVER STREET CINCINNATI, OH 45237	84-2457836		5,000				FINANCIAL ASSISTANCE
KIPPERMAN CONSULTING LLC 6607 CHESTNUT ST CINCINNATI, OH 45227	47-4632578		5,000				FINANCIAL ASSISTANCE

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
HCDC INC

Employer identification number  
31-1061640

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization?	<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization?	<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	



**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

HCDC INC

Employer identification number

31-1061640

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	HCDC, INC. IS ORGANIZED WITH MEMBERS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7A	HCDC, INC. DOES HAVE MEMBERS WHO ARE ACTIVELY INVOLVED IN THE NOMINATING AND ELECTION PROCESS.

# 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE PRESIDENT IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE. COMPENSATION 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 WILL BE TAKEN WITH REGARDS TO COMPENSATION.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	INVESTMENT IN PASS-THROUGH 13,450.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HCDC INC

**Employer identification number**  
31-1061640

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> HCDC REAL ESTATE HOLDINGS LLC 1776 MENTOR AVENUE CINCINNATI, OH 45212	REAL ESTATE	OH			HCDC INC
<b>(2)</b> HCDC REAL ESTATE HOLDINGS II LLC 1776 MENTOR AVENUE CINCINNATI, OH 45212	REAL ESTATE	OH			HCDC INC

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> HAMILTON COUNTY BUSINESS CENTER 1776 MENTOR AVENUE  CINCINNATI, OH 45212 31-1255250	EXEMPT ORGANIZATION	OH	501(C)3	LINE 7	HCDC INC	Yes	

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(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) Disproportionate allocations?		(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	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**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.

<b>1</b> 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>Yes</b>	<b>No</b>
<b>a</b>	Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>Yes</b>	
<b>b</b>	Gift, grant, or capital contribution to related organization(s) . . . . .		<b>No</b>
<b>c</b>	Gift, grant, or capital contribution from related organization(s) . . . . .		<b>No</b>
<b>d</b>	Loans or loan guarantees to or for related organization(s) . . . . .		<b>No</b>
<b>e</b>	Loans or loan guarantees by related organization(s) . . . . .		<b>No</b>
<b>f</b>	Dividends from related organization(s) . . . . .		<b>No</b>
<b>g</b>	Sale of assets to related organization(s) . . . . .		<b>No</b>
<b>h</b>	Purchase of assets from related organization(s) . . . . .		<b>No</b>
<b>i</b>	Exchange of assets with related organization(s) . . . . .		<b>No</b>
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>Yes</b>	
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>Yes</b>	
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		<b>No</b>
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		<b>No</b>
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>Yes</b>	
<b>o</b>	Sharing of paid employees with related organization(s) . . . . .	<b>Yes</b>	
<b>p</b>	Reimbursement paid to related organization(s) for expenses . . . . .	<b>Yes</b>	
<b>q</b>	Reimbursement paid by related organization(s) for expenses . . . . .	<b>Yes</b>	
<b>r</b>	Other transfer of cash or property to related organization(s) . . . . .		<b>No</b>
<b>s</b>	Other transfer of cash or property from related organization(s) . . . . .		<b>No</b>

**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.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b> HAMILTON COUNTY BUSINESS CENTER	A	24,000	COST
<b>(2)</b> HAMILTON COUNTY BUSINESS CENTER	O	544,858	COST





**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

<b>Return Reference</b>	<b>Explanation</b>