Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Ā	For the	2018 calendar year, or tax year beginning , 2018, and endi	ng	··· ··· ·	, 20
В	Check if	applicable. C Name of organization Cincinnati's Optimum Residential Environm	ents, I	nc. D Em	oloyer identification number
	Address				-1189463
	Name ch	ange Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite		phone number
	Initial ret	urn 75 Tri County Parkway		(5	13)771-2673
	Final retur	n/terminated City or town, state or province, country, and ZIP or foreign postal code			
	Amende	dreturn Cincinnati, OH 45246		G Gro	ss receipts \$ 6,793,177.
	Applicati	on pending F Name and address of principal officer	H(a) Is t		m for subordinates? Yes No
		Martha Adams, 75 Tri County Parkway, Cincinnati, OH 452			
ı	Tax-exer	npt status	7		ich a list (see instructions)
J	Website		H(c)	Group exemp	tion number ▶
K	Form of o	rganization ☐ Corporation ☐ Trust ☐ Association ☐ Other ►			tate of legal domicile OH
P	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: Resi	dentia	al & Ha	bilitative Svs.
ė		Provide residential and habilitative services to adul	ts		
Activities & Governance		with developmental disabilities			
Ven	2	Check this box ▶☐ if the organization discontinued its operations or disposed	of more	than 25%	of its net assets.
Ô	3	Number of voting members of the governing body (Part VI, line 1a)			3 4
త	4	Number of independent voting members of the governing body (Part VI, line 1b)		4 4
ties	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		. , 🗔	5 194
ξį	6	Total number of volunteers (estimate if necessary)		$ abla$	6 0
Ą	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7	'a 0.
	b	Net unrelated business taxable incorne from Form \$20-0 fed \$6-0		7	'b 0.
			Pri	or Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h). Program service revenue (Part VIII, line 2g) NOV 1 9 2019		8,30	0. 4,089.
Revenue	9	Program service revenue (Part VIII, line 2g)	6,	856,57	1. 6,573,673.
ě	10	investment income (Part VIII, column (A), lines 314, and 76)		22,43	3. 58,542.
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9 G D E Ad, 14e)		35	0. 3,711.
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,	887,65	4. 6,640,015.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,81	2.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
ės	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,	562,80	<u>5,395,556.</u>
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			_
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		Sy han teller y	
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		261,93	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,	835,54	
	19	Revenue less expenses. Subtract line 18 from line 12		52,10	
Net Assets or Fund Balances	00	Table and (Date) (Land O)		of Current Y	
\sse Bala	20	Total assets (Part X, line 16)		042,98	
e det	21 22	Total liabilities (Part X, line 26)		849,42	
	art II	Net assets or fund balances. Subtract line 21 from line 20	3,	193,56	3,112,838.
		ties of perjury. I declare that I have examined this return, including accompanying schedules and state		4 4 4 4 4 4 4 4 4 4 4 4	-4 1 . 4.1
tru	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any k	nowledge	of my knowledge, and belief, it is
		VM. VI- A delaw			
Sig	gn	Signature of officer		Date	,
He	re	Martha A Adams, Director		/11	111119
		Type or print name and title		-	
Pa	nid	Print/Type preparer's name Preparer's signature	Date /	Che	ck PTIN
	epare	Joseph E. Hoelker, CPA Joseph E. Hoelker, CPA	11/8/19		employed P01262334
	se Onl				▶ 31-1580244
		Firm's address ▶ 9715 Sycamore Trace Court, CINCINNATI, OH	45242	Phone no.	(513)891-4491
Ма	y the IF	S discuss this return with the preparer shown above? (see instructions)			🛛 Yes 🗌 No
For	Paperv	rork Reduction Act Notice, see the separate instructions. BAA	EV 05/20/19 (RO	Form 990 (2018)

_	0 (2018)	Page 2
Part		
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission: Residential & Habilitative Svs.	
	Provide residential and habilitative services to adults	
	with developmental disabilities	
	- 1	
2	Did the organization undertake any significant program services during the year which we	
	prior Form 990 or 990-EZ?	· · · · · · □Yes ⊠No
_	If "Yes," describe these new services on Schedule O.	1.
3	Did the organization cease conducting, or make significant changes in how it conduservices?	ucts, any program
	If "Yes," describe these changes on Schedule O.	Yes MNO
4	Describe the organization's program service accomplishments for each of its three larges	t program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount the total expenses, and revenue, if any, for each program service reported.	t of grants and allocations to others,
4a	(Code:) (Expenses \$ 5, 958, 292. including grants of \$ 0.) (Revenue \$ 6,573,673.)
	Provide residential and habilitative services to adults	
	with developmental disabilities	
		ł
	<u></u>	-
	(Code) (Company of Code)	
4b	(Code:) (Expenses \$) (
		
•		
		-
		-
		-
	······································	·
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$
	,	
		-
		-
		-
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 5, 958, 292.	
<u>4e</u>	Total program service expenses ► 5, 958, 292.	Form 990 (2018)
		1 5111 000 (2010)

AD Oage 3

Part IV Checklist of Required Schedules

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete \$chedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	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	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			τ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
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	11b		×
c	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	11c		×
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a foothote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	×	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
NIA b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? NIA	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? #EV/GBOING PROPIETE Schedule I, Parts I and II	21		×
		_	000	10040

Ļ	Part I	Checklist of Required Schedules (continued)		_	
	•			Yes	No
	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
		organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		×_
	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
		\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
MIA		Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? NJA	24b		<u> </u>
NIA	C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
NIF	γd	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part	25a		×
	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? If "Yes," complete Schedule L, Part I	25b		×
	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		×
	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		×
	28	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):	•7	-	
	а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		×
	b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
	С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
	31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_	×
NIA	├ 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)? If "Yes," complete Schedule R, Part V, line 2. " A	35b		
	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	×	
	Part	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
	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-11 ≥	٠,	
	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	برخان. 1c	ĭ., * X	_

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No
Za	Statements, filed for the calendar year ending with or within the year covered by this return 2a 194			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	×	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
NIA b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . N. I A	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,		l	!
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		×
NIA C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
NIA b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).	. •		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	 7а		×
NAb	If "Yes," did the organization notify the donor of the value of the goods or services provided? NIA-	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
ا ۱۸ د	required to file Form 8282?	7c		×
NIAd	If "Yes," indicate the number of Forms 8282 filed during the year		• 1	V
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		×
NIA 9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N	A
NIAh	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	NI	
NIA8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	_	_,,]	4
	sponsoring organization have excess business holdings at any time during the year?	8	_//	/
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		Δ
NIA b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	IA-
10	Section 501(c)(7) organizations. Enter:	,		/
NIA a	Initiation fees and capital contributions included on Part VIII, line 12			ĺ
NIA b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b NIA-	;		İ
11	Section 501(c)(12) organizations. Enter:	:		
NIAa	Gross income from members or shareholders	1		
NIA	against amounts due or received from them.)			
VIA 12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	NI	7
NIA b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N A	:		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	;		<u> </u>
N/A a	Is the organization licensed to issue qualified health plans in more than one state?	13a	N	<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.	·	-	
N/A b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
NIA 0	Enter the amount of reserves on hand	[: *]		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
NIAb	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	N	A
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		×
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
10	If "Yes," complete Form 4720, Schedule O.	.0		<u> </u>
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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Canti	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	•	X
Secu	on A. Governing Body and Management		V	Al-
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4		Yes	No
ıa	If there are material differences in voting rights among members of the governing body, or	∤ ·		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.	ļ		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 4	' '		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	┨		
	any other officer, director, trustee, or key employee?	2		×
3	Did the organization delegate control over management duties customarily performed by or under the direct	ĺ		
_	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>×</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6	Did the organization have members or stockholders?	6	_	×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	_	×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			[
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	,	·	
	the year by the following:			
a	The governing body?	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
1A b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	N	IA
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	×	
13	Did the organization have a written whistleblower policy?	13	×	
14	Did the organization have a written document retention and destruction policy?	14	×	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	`,,		
а	The organization's CEO, Executive Director, or top management official	15a	×	
b	Other officers or key employees of the organization	15b	×	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		,	<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	-	×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	1.00		 ^
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	r		
NIA	organization's exempt status with respect to such arrangements?	16b	NI	A
	ion C. Disclosure		<u> </u>	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	. ,550		(0,
	☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	polic	v, and
	financial statements available to the public during the tax year.			ب سر
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords		(í
	Martha Adams, 75 Tri-County , Parkway, OH 45246 (513)771-2673			

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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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ted any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	office individual	unles	Pos neck ss pe	rson	than or/trus/ employee	tee)	(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
(1) Martha Adams Exec Dir.	40.00			×	×			113,784.	0.	1,566.
(2)Andrea Adams Chief Operations Officer	40.00			×	×	-		58,350.	0.	0.
(3) Karen Horning Board President	2.00	×					i	0.	0.	0.
(4) Micheal Ettinger Board Vice president	2.00	×				,,		0.	0.	0.
(5) David Jones Board Treasurer	2.00	×						0.	0.	0.
(6) Douglas Campbell Board Secretary	2.00	×						0.	0.	0.
(7)										
(8)										
(9)										
(10)									·	
(11)										
(12)									١	<u> </u>
(13)										
(14)				-						
······································				_	لسبا			L		

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (continue	ed)	
	(A) Name and title	(B) Average hours per week (list any	Average box, unless person is to officer and a director/tek (list any						(D) Reportable compensation from	(E) Reportable compensation fron related		(F Estim amou oth	ated nt of
		hours for related organizations below dotted line)	. ~ ~	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatic (W-2/1099-N		comper from organiz and re organiz	the zation lated
(15)			!				<u>a</u>				-		
(16)					-					•			
(17)											-		
(18)								-					
(19)						<u>-</u>							
(20)								-					
(21)													
(23)								_					
(24)													·
(25)													
1b c d	Sub-total	VII, Sectio	n A					* * *	172,134.		0.		1,566. 1,566.
2	Total number of individuals (including but reportable compensation from the organi	t not limited						e) w		ore than \$1			1,500.
					4								Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	Schedule J	for su	ıch .	indi	vidu	ıal					3	×
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of reparted the	portal an \$1 	ole (50,	om 000	nper 17 <i>II</i> 	nsatio "Ye:	on a s," 	nd other comp complete Sch	ensation fro edule J fo 	om the r such	4	×
5	Did any person listed on line 1a receive of for services rendered to the organization?	or accrue co ? If "Yes," o	ompe compl	nsat ete	ion Sch	fror ledu	n any ile J f	un or s	related organiz such person	ation or inc	lividual 	5	×
Section	on B. Independent Contractors									· · · · · · · · · · · · · · · · · · ·			l
1	Complete this table for your five highest compensation from the organization. Repyear.	compensat port compe	ed ind nsatio	depe	end or th	ent ne c	contr alend	acto ar y	ors that receive rear ending wit	ed more tha h or within t	n \$100, the orga	000 of anization	ı's tax
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) Compensat	ion
2	Total number of independent contractor received more than \$100,000 of compens							th	lose listed abo	ove) who			

Part	VIII	Statement of Reve	- Tugo o							
•		Check if Schedule O	contains a res	oonse or note t			<u></u>			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514		
nts	1a	Federated campaigns								
ons, Gifts, Grants Similar Amounts	b	•	<u>1b</u>							
	С	Fundraising events .					great the second			
Gif	d	Related organizations								
ns, Sim	e	Government grants (con								
utio er (f	All other contributions, gi and similar amounts not inc		4 000						
ğ f			<u></u> _	4,089.						
Contributions, Gifts, and Other Similar Ar	g	Noncash contributions includ Total. Add lines 1a-1			4,089.					
	- 11	Total. Add lines 1a-1		Business Code	4,009.	STATE OF STREET				
eun/	2a				STATE CAMPAGE STATE OF STATE OF	STATES AND ASSESSED IN	REPAIRED A PARTIE	BOSTOCIA COLL MACONIMICA (1777)		
Re.	b									
jce jce	C				*					
Program Service Revenue	d									
E S	е									
rogr	f	All other program serv		L	6,573,673.	6,573,673.	0.	0.		
	<u>9</u> 3	Total, Add lines 2a-2 Investment income		 		AT DESCRIPTION OF THE PARTY.		Market State of the State of th		
	3	and other similar amo		enas, interest,	10 250	10 250				
	4	Income from investment	· ·		18,250.	18,250.	0.	0.		
	5	Royalties	t of tax-exempt of	> P		 	 			
		110,411.00	(ı) Real	(II) Personal	70550					
	6a	Gross rents								
	b	Less: rental expenses								
	С	Rental income or (loss)								
	d	Net rental income or (<u>'</u>	🕨						
	7a	Gross amount from sales of	(ı) Securities	(II) Other						
		assets other than inventory	192,154.	1,300.						
	b	Less: cost or other basis	1.50 1.60							
		and sales expenses . Gain or (loss)	153,162. 38,992.	1,300.						
	C d	Net gain or (loss)	30, 992.	<u> </u>	40,292.	40,292.	0.	0.		
	u	rvet gain or (1033) .			40,292.	40,232.				
ne	8a	Gross income from fu	ındraising							
Other Revenue		events (not including \$	-							
Re		of contributions reporte	ed on line 1c).			A Marie Co.				
ЭĒ		•	a							
₹	b	Less: direct expenses		L				SCENE STAIN		
	. C	Net income or (loss) f		events . >	ACCUMANT DE MANAGEMENTALE		Banna de parece de la como	MINISTERNATION CONTRACTOR AND		
	9a	Gross income from ga See Part IV, line 19 .	aning activities.	r						
	ь	Less: direct expenses	_			13000	4.0			
	C	Net income or (loss) f			LANGER DAYS PART ARE LEADEN		I NEW ANDREAST STEELS	西北西州市大河南北北北京大河 中,155.27		
		Gross sales of in			A 30 H S 2 N S 3 N S 3					
		returns and allowance								
	b	Less: cost of goods s	sold , b							
	., с	Net income or (loss) f	rom-sales-of-inv	entory ▶		3 100	-\$ =	,		
		Miscellaneous R		Business Code				松林间隔槽的		
	11a	Miscellaneous Income	e-Non Business	900099	3,711.	3,711.	0.	0.		
	b		•••••		 	 		 		
	d	All other revenue .				ļ				
	e e	Total, Add lines 11a-	 -11d		3,711,	LINE TO SECRETARIO SANS		Termination of the		
	12	Total revenue. See II			6.640.015	6.635.926	DISTRICT CHEEK RAMINICAN TOWN	THE TANK OF THE OF THE PROPERTY OF THE PARTY		

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com	s must com	plete co	olumn (A).			
	Check if Schedule O contains a respon						
	t include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Manageme general exp	nt and	(D) Fundraising expenses	<u>·L.</u> J
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		5.				然 說
2	Grants and other assistance to domestic individuals. See Part IV, line 22						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16						
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	173,700.	58,350.	115	,350.		0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.		0.		0.
7	Other salaries and wages	4,461,837.	4,236,767.	.225	,070.		0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	60,149.	41,364.		,785.		
9	Other employee benefits	360,875.	336,592.		, 283.		
	• •						0. 0.
10	Payroll taxes	338,995.	314,075.		<u>,</u> 920.		
11 a	Fees for services (non-employees): Management						
b	Legal	2,880.	0.	2	,880.		0.
C	Accounting	30,710.	0.		,710.		- 0.
d	Lobbying	30,710.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
e	Professional fundraising services. See Part IV, line 17	·	CONTRACTOR DESCRIPTION OF THE PARTY OF THE P	CENTRAL SAVORS	2222	<u> </u>	
	Investment management fees		COMPARED SOCIETY	HANDAN SHERKAL	WE ELEGIST !		
f g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)					-	
12	Advertising and promotion	1,393.	0.		,393.		0.
13	Office expenses	81,959.	32,319.		,640.		0.
14	Information technology	01, 939.	J2, J19.	43	,040.		
						<u> </u>	_
15	Royalties	470 404	270 772				
16	Occupancy	419,404.	372,773.		,631.		0.
17	Travel	9,401.	5,805.	3	,596.		0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings .						
20	Interest	5,655.	88.	5	,567.		0.
21	Payments to affiliates						
22	Depreciation, depletion, and amortization .	126,594.	108,370.	18	,224.		0.
23	Insurance	55,053.	15,601.	39	,452.		0.
24	Other expenses. Itemize expenses not covered						
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
_	•	22 710	NO THE PROPERTY OF THE PROPERT	200	710	SATERINGE CHARLES 4	(Salestone : .'
a	Dues	23,719.	0.		,719.		0.
b	Recruiting & Traini	22,098.	13,254.	8	,844.		0.
C-	-Specific Assistance to Individuals	422,934.	422,934.		<u> </u>	L	0.
d	Bank Charges	6,718.	0.		718.	ļ	0.
е	All other expenses	25,465.	0.		,465.		0.
25	Total functional expenses. Add lines 1 through 24e	6,629,539.	5,958,292.	671	,247.		<u> </u>
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				•		
	10110WILLY OUT 30-2 (MOU 300-120)	1	L			L	

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash—non-interest-bearing 82,810. 1 160,662. 2 2 3 3 4 589,137. 494,719 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' boneficiary organizations (see instructions). Complete Part II of Schedule L Assets 7 8 475. 475. 8 q Prepaid expenses and deferred charges 30,023. 28,906. 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 4,095,929 10a Less: accumulated depreciation 10b 1,909,991. 2,220,228. 10c 2,185,938. 11 Investments—publicly traded securities 1,120,313. 11 994,327. Investments—other securities. See Part IV, line 11 . . . 12 12 13 Investments-program-related. See Part IV, line 11 . . . 13 14 14 15 15 4,042,986. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,865,027. 17 Accounts payable and accrued expenses 788,727. 17 729,944. 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 65,696. Secured mortgages and notes payable to unrelated third parties . . . 23 22,245. Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 849.423. 26 752,189 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 3,198,563. 27 3,112,838. 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 3,193,563. 3,112,838. 33-Total net-assets-or-fund-balances. 33 4,042,986. 34 Total liabilities and net assets/fund balances 3,865,027.

(11)

Form 990 (2018)

P	t XI Reconciliation of Net Assets					
•	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>			
	Total revenue (must equal Part VIII, column (A), line 12)		1		10,0	15.
2	Total expenses (must equal Part IX, column (A), line 25)		2		29,5	
;	Revenue less expenses. Subtract line 2 from line 1		3		10,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	, ,	4		93,5	
	Net unrealized gains (losses) on investments		5		91,2	
•	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
(Other changes in net assets or fund balances (explain in Schedule O)	, ,	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part	X, line				
	33, column (B))		10	3,13	12,8	38.
P	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
•	Accounting method used to prepare the Form 990: Cash Accrual Other					7 17 17 17 17 17 17 17 17 17 17 17 17 17
	If the organization changed its method of accounting from a prior year or checked "G	Other," ex	plain in			(V
	Schedule O.			Service a	202	1
2	Were the organization's financial statements compiled or reviewed by an independent acc	ountant?		2a	×	
	If "Yes," check a box below to indicate whether the financial statements for the year	were com	piled or			(10 m)
	reviewed on a separate basis, consolidated basis, or both:					Enter's
	Separate basis Consolidated basis Both consolidated and separate basis					
	Were the organization's financial statements audited by an independent accountant? .			2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year w	rere audite	ed on a	3		
	separate basis, consolidated basis, or both:					3.
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			220	100 P. 30	· T · · ·
	: If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsil					
	of the audit, review, or compilation of its financial statements and selection of an independ	1		2c	×	- 3-
	If the organization changed either its oversight process or selection process during the ta	ıx year, ex	plain ın			
	Schedule O.	1				10 m.
;	As a result of a federal award, was the organization required to undergo an audit or aud	lıts as set	forth in			
	the Single Audit Act and OMB Circular A-133?			3a		×
Α	If "Yes," did the organization undergo the required audit or audits? If the organization did				ا. ر ـ	_
, ,	required audit or audits, explain why in Schedule O and describe any steps taken to under	go such a	udits.	3b	NI	4

Form **990** (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

lame o	f the organization					Em	ployer identification	number
	ınnati's Optimum Reside						-1189463	
Part					<u>_</u>		<u></u>	ns.
1 [2] 3]	ganization is not a private founda A church, convention of churcl A school described in section A hospital or a cooperative hos	nes, or association 170(b)(1)(A)(ii). (spital service org	on of churches descri (Attach Schedule E (F panization described II	bed in se orm 990 o n section	ction 179 or 990-E2 170(b)(1	0(b) Z).))(A	(1)(A)(i). (iii).	09
	A medical research organization hospital's name, city, and state	e: 						
	An organization operated for section 170(b)(1)(A)(iv). (Complete Complete Complet	olete Part II.)	·				-	al unit described in
7	 A federal, state, or local governed. An organization that normally described in section 170(b)(1) 	receives a subs (A)(vi). (Complet	tantial part of its supple Part II.)	port from				n the general public
	 A community trust described in An agricultural research organion or university or a non-land-grauniversity: 	zation described	in section 170(b)(1)	(A)(ix) ope				
10	An organization that normally receipts from activities related support from gross investment acquired by the organization a	to its exempt fui t income and uni	nctions—subject to co related business taxal	ertain exc ole incom	eptions, e (less se	anc ection	(2) no more tha on 511 tax) from	n 331/3% of its
	🔲 An organization organized and	•	· ·	•				
12	An organization organized and of one or more publicly support Check the box in lines 12a thro	orted organization	ns described in <mark>secti</mark>	on 509(a)	(1) or se	ecti	on 509(a)(2). Se	e section 509(a)(3).
а	Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t			
þ	☐ Type II. A supporting organization(s). You must	the supporting o	rganization vested in	the same				
С	Type III functionally integ its supported organization(ally integrated with,
d	☐ Type III non-functionally integrated that is not functionally integrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ıtior	requirement an	
е	Check this box if the organ functionally integrated, or 1							e II, Type III
f	Enter the number of supported of					•		
g	Provide the following information (i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the o	rannization	6.5	Amount of monetary	(w) A
	ty Ivaline of supported organization	(ii) Liiv	(described on lines 1-10 above (see instructions))	listed in you docur	r governing	(0)	support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No			
(A)	·							
(B)								
(C)					<u> </u>	_		
(D) 								
(E) 								
Fotal		然是少国的现在分词	大学のできないできるか!	17 8 82.0	i			(

Part	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	Part I or if th	e orga	nizatio	n failed to qui	
Sacti	Part III. If the organization fails to on A. Public Support	o quality unde	er the tests iis	stea below, p	lease	comple	te Part III.)	
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d)	2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2014	(5) 2010	(0) 2010	(4)	2017	(0/2010)	(i) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					,		
3	The value of services or facilities furnished by a governmental unit to the organization without charge				•			
4	Total. Add lines 1 through 3	Daniel Company Company	PASSIONALLY PROMES	had being combined in a	1.24 miles	150 755 KON	Lincoln Steel Williams VIV	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
6	Public support. Subtract line 5 from line 4	EXPLOSION OF			HE STATE OF THE ST	7,410	NAME OF STREET	
	on B. Total Support							
_	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d)	2017	(e) 2018	(f) Total
7	Amounts from line 4			/	<u> </u>	 	 -	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on		: /					
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the organization, check this box and stop he	he organization	ons)/ n's/first, secon		 n, or fif	th tax y	12 ear as a section	
Secti	on C. Computation of Public Suppo							
14	Public support percentage for 2018 (line			1, column (f))			14	%
15	Public support percentage from 2017 Sc						15	%
16a	331/3% support test—2018. If the organi box and stop here. The organization qua				nd line	14 is 3	31/3% or more,	. —
b	331/3% support test—2017. If the organithis box and stop here. The organization	ization did not	check a box o	on line 13 or 16		line 15	is 331/3% or m	► [] lore, check ► []
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the "facts	-and-circumst	ances" test, c	heck th	s box	and stop here	. Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organize Explain in Part VI how the organization supported organization	ation meets th	ie "facts-and-	circumstances	" test,	check	this box and	stop here.
18	Private foundation. If the organization d	id not check a	box on line 13	s, 16a, 16b, 17a	a, or 17	b, chec	k this box and	see
	instructions	· · · · ·	<u> </u>					🕨 🗌
						Sci	nedule A (Form 99	0 or 990-EZ) 2018

REV 10/24/18 PRO

Schedule A (Form 990 or 990-EZ) 2018 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or If the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,025 4,491 6,950. 8,300 4,089 25,855. Gross receipts from admissions, merchandise 2 sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . 6,652,638.|6,856,888.|7,168,849.|6,85d,571.|6,573,673.|34,108,619. Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6,654,663. 6,861,379. 7,175,799. 6,864,871. 6,577,762. 34,134,474 Total. Add lines 1 through 5. . . . 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6.) 31, 134, 474. Section B. Total Support (a) 2014 (d) 2017 Calendar year (or fiscal year beginning in) (b) 2015 (c) 2016(e) 2018 (f) Total Amounts from line 6 6,654,663.6,861,379.7,175,799.6,864,871. 6,577,762. 34,134,474. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. 18,355. 15,628. 17,610. 13,382. 18,250. 83,225. b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 **c** Add lines 10a and 10b 18,355. 17,610. 13,382 15 628. 18,250. 83,225. Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, 13 and 12.) 6,673,018.6,878,989.7,189,181.6,880,499.6,596,012.34,217,699. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f) . . . 99.76 % Public support percentage from 2017 Schedule A, Part III, line 15 16 99.76 % Section D. Computation of Investment Income Percentage Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 0.24 % Investment income percentage from 2017 Schedule A, Part III, line 17 18 18 19a 331/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line

17 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a public y supported organization 331/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations	, and complete	altv	<u>·)</u>	
T-X-	on A. All Supporting Organizations	N	A	Yes	NI-
VA 1	Are all of the organization's supported organizations listed by name in the organization documents? If "No," describe in Part VI how the supported organizations are designated class or purpose, describe the designation. If historic and continuing relationship, explain.			res	NO
2	Did the organization have any supported organization that does not have an IRS determined the under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined the organization was described in section 509(a)(1) or (2).				
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6) (b) and (c) below.	? If "Yes," answe		٠.	
b	Did the organization confirm that each supported organization qualified under section 501(c) satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI will organization made the determination.)(4), (5), or (6) and hen and how the	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for sepurposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such	ection 170(c)(2)(B) h use.			
\ 4a	Was any supported organization not organized in the United States ("foreign supported "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	organization")? //	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grant supported organization? If "Yes," describe in Part VI how the organization had such control despite being controlled or supervised by or in connection with its supported organizations.			1. 	
С	Did the organization support any foreign supported organization that does not have an under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the to ensure that all support to the foreign supported organization was used exclusively for sepurposes.	organization used	//	-	
5a	Did the organization add, substitute, or remove any supported organizations during the tanswer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the numbers of the supported organizations added, substituted, or removed; (ii) the reasons for (iii) the authority under the organization's organizing document authorizing such action; and (iii) was accomplished (such as by amendment to the organizing document).	names and EIN each such action			
b	Type I or Type II only. Was any added or substituted supported organization part of designated in the organization's organizing document?	a class already		•	
С	Substitutions only. Was the substitution the result of an event beyond the organization's co	entrol?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of service anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable by one or more of its supported organizations, or (iii) other supporting organizations that benefit one or more of the filing organization's supported organizations? If "Yes," provide de	le class benefited t also support of		,	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor, or a 35% with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or	controlled entity			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not de lf "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	escribed in line 7?	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year disqualified persons as defined in section 4946 (other than foundation managers and organin section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .			-	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in arthe supporting organization had an interest? If "Yes," provide detail in Part VI.		9b		-
) c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any from, assets in which the supporting organization also had an interest? If "Yes," provide details in the supporting organization also had an interest? If "Yes," provide details in the supporting organization also had an interest?	ail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 be 4943(f) (regarding certain Type II supporting organizations, and all Type III non-function supporting organizations)? If "Yes," answer 10b below.	onally integrated) 10a	,	
) b	Did the organization have any excess business holdings in the tax year? (Use Schedule determine whether the organization had excess business holdings.)	C, Form 4720, to	106		

No.		Part	Supporting Organizations (continued)			
1 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or midrectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A tamily member of a person described in (a) above? c A 35% controlled entity of a person described in (a) of (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 1 Did the directors, trustess, or manibership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of selectors or trustees at all times during the tax year" If "No," describe in Part V Ino the supported organization's activities. If the organization and more than one supported organization's activities. If the organization and more than one supported organization describe how the powers to appoint andor remove directors or trustees effectively operated, supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the hemself or any supported organization (b) If "Yes," explain in Part V Inow providing such heanth carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s) If "No," describe in Part VI now control or trustees of each of the organization's supported organization(s) that year (i) acopy of the Form 900 hat was most recently like as of amount of support deviation to the organization's usuported organization (s). Section E. Type III Functionally Integrated	۸/۱			NI	4	Yes No
below, the governing body of a supported organization? A 1879 controlled entity of a person described in (a) above? A 3596 controlled entity of a person described in (a) at (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations D dit the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization of directors or trustees at all limes during the lax year? If "No," describe in Part VI how the supported organizations (pletfetwey personneed organizations) and all the organizations and what conditions or restrictions, if any, applied to such powers during the ax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations as uponed organization(s) if "No," describe an Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supporting organization of the organiza	1 1		Has the organization accepted a gift or contribution from any of the following persons?	' '/		983 (2) T
b. A family member of a person described in (a) above? c. A 35% controlled milly of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1. Did the directors, trustees, or membership of one or more supported organizations have this power to requirely appoint or elect at least a majority of the organization's directors or trustees at all limes during the tax year? If "No," describe in Part VI have the supported organization's feetchelp have the supported organization's controlled the organization's activities. If the organization had more than one supported organization's controlled the organization and vinat conditions or restrictions, if any, applied to such powers during the tax year organization and what conditions or restrictions, if any, applied to such powers during the tax year allow organization and what conditions or restrictions, if any, applied to such powers during the tax year VI how providing such benefit carried out the purposes of the supported organization of the translation of the organization of the organization of the supported organization. Section C. Type II Supporting Organization's directors or trustees of each of the organization's directors or trustees of each of the organization's directors or trustees of each of the organization's supported organization's provided organization's downward organization's downward organization's downward organization's provided organization's dow	- [а		in (b) and (c)		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide cetal in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations featurely operated, supervised, or controlled the organizations in the major remove directors or trustees were allocated among the programment of the organizations and what conditions or restrictions, If any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization. 3 Evention C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s) if "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supporting organization or management of the supporting organizations are very all organizations as a very of a written notion supported organization(s) if "No," describe in Part VI how control or management of the supporting organizations. 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's as yearing documents in effect on the date of notification, and (ii) copies of the organization's power in the supporting organization is a year, (i) a copy of the Form 590 that was most recently field as of the date of notification, and (ii) copies of the organization's power organization's activities of a continuous vorking relationshy with the supported organization's activities of the continuous	-			,	11a	
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 of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each)	b	Did the activities described in (a) constitute activities that, but for the organization's involve	l ment, one or more)	MEN SHAT
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3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each				d in these		
 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 	(•	, m	2b	
trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	`) 3				
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		а		irectors, or 🦠		
	((<u> </u>	& sight remain
	'	b			3b	eng (146)

Part V Type III Non-Functionally Integrated 509(a)(3) Suppo	rting Org	gan	zations		
1 Check here if the organization satisfied the Integral Part Test as a instructions. All other Type III non-functionally integrated support	ı qualifyinç ting orgar	g tru nizat	st on Nov. ions must	20, 1970 (explai complete Sectio	n in Part VI). See ns A through E.
Section A—Adjusted Net Income	NIA		(A)	Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1			
2 Recoveries of prior-year distributions		2			
3 Other gross income (see instructions)		3			
4 Add lines 1 through 3.		4			
5 Depreciation and depletion	\neg	5			
6 Portion of operating expenses paid or incurred for production or					
collection of gross income or for management, conservation, or	}				
maintenance of property held for production of income (see instruction	s) /	6			
7 Other expenses (see instructions)	' 	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)		8			
Section B – Minimum Asset Amount	1	1 -	(Δ)	Prior Year	(B) Current Year
			()	Tion roar	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see	/				
instructions for short tax year or assets held for part of year):					Market Land
a Average monthly value of securities		1a			
b Average monthly cash balances	1	1b			
c Fair market value of other non-exempt-use assets	1	10			
d Total (add lines 1a, 1b, and 1c)		1d			
e Discount claimed for blockage or other	7		MANAGE TO SERVE	ATT VALUE OF	
factors (explain in detail in Part VI):		Z			
2 Acquisition indebtedness applicable to non-exempt-use assets	1	2			
3 Subtract line 2 from line 1d.	1	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greate see instructions).	r ampunt,	4			•
5 Net value of non-exempt-use assets (subtract line 4 from line 3)		5			
6 Multiply line 5 by .035.	-+-	6			
7 Recoveries of prior-year distributions	-	7			
8 Minimum Asset Amount (add line 7 to line 6)		8			
	}	10	SAF ABADAKAT	THE AND HOLD OF	
Section C—Distributable Amount	_/				Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)		1	是自然	例如例如此	
2 Enter 85% of line 1.	N. A.	2	民黨等	THE PERSON NAMED IN	
3 Minimum asset amount for prior year (from Section B, line 8, Column	A)	3	門的人類對	MARIA MARIA	
4 Enter greater of line 2 or line 3.		4			
5 Income tax imposed in prior year	7	5	建筑	W-2007/03	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			門線技術		
emergency temporary reduction (see instructions).	1	6			
7 Check here if the current year is the organization's first as a non-instructions).	fundtional	ly in	tegrated T	pe III supporting	organization (see
				Schedule A (F	orm 990 or 990-EZ) 201
		-			
				1	

	ectio	on D—Distributions	(a)(3	s) Supporting Organi	zations (continuea)	Current Year
4						117	
		Amounts paid to supported organizations to accomp				1014	
		Amounts paid to perform activity that directly furthers	s exe	empt purposes of suppo	rted	 	
		organizations, in excess of income from activity				<i> </i>	
_	3	Administrative expenses paid to accomplish exempt	purp	oses of supported orga	nizations	/	
	4	Amounts paid to acquire exempt-use assets	:\			-	<u> </u>
		Qualified set-aside amounts (prior IRS approval requ					
		Other distributions (describe in Part VI). See instruction	ons.			}	ļ
	7	Total annual distributions. Add lines 1 through 6.					
	8	Distributions to attentive supported organizations to	wnic	n the organization is res	ponsive		
_		(provide details in Part VI). See instructions.				 	
	9	Distributable amount for 2018 from Section C, line 6		·		-	
	0	Line 8 amount divided by line 9 amount		1			4111
Se	ecti	on E—Distribution Allocations (see instructions)	A	(i) Excess Distributions		(ii) stributions -2018	(iii) Distributable Amount for 2018
1	1	Distributable amount for 2018 from Section C, line 6	1		20世纪		
2	2,	Underdistributions, if any, for years prior to 2018	/				
		(reasonable cause required - explain in Part VI). See				ļ	
		instructions.			Fire cities the Constitution of	and the property to the	
3	3	Excess distributions carryover, if any, to 2018	1			000 mil 450	
	a	From 2013	1_		AV CAP LOCAL	200	
_	b	From 2014	↓				
	С	From 2015	<u> </u>				
	d	From 2016					
_	е	From 2017					
	f	Total of lines 3a through e	١	Transfer and training and the first water to be		IX TABLE	
	g	Applied to underdistributions of prior years	1_		tainly is being a soul of	Je com reason on a server of	
	h	Applied to 2018 distributable amount	1_				A REPORT OF THE ALL PROPERTY OF THE PARTY OF
	i	Carryover from 2013 not applied (see instructions)	 				
	<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		Note the production of the State of the transfer of the State of the S		Carlo Manera	
	4	Distributions for 2018 from			NV.		
ļ.—		Section D, line 7: \$	├		CHARLES AND		
	a	Applied to underdistributions of prior years	₩	Serve Land State Control of the	VERSON PROPERTY.	o bressier van der 1906	
	b	Applied to 2018 distributable amount	+	AND AND AND A COMPANY			N. P. C. P. P. C. P. P. C. P. P. C. P. P. C. P.
<u> </u>	<u> </u>	Remainder. Subtract lines 4a and 4b from 4.	+	NEWSCONTERN PROFESSIONERS	MAIN TO SERVE	Ferd White drive	The same of the sa
5	5	Remaining underdistributions for years prior to 2018, any. Subtract lines 3g and 4a from line 2. For result	¶T				
		greater than zero, explain in Part VI. See instructions					
		<u> </u>			MENTE UNIVERSE	THE RESIDENCE OF THE PARTY OF T	MINISTER STATE OF THE STATE OF
t	3	Remaining underdistributions for 2018. Subtract lines and 4b from line 1. For result greater than zero, explain					
•		Part VI. See instructions.	7''''				
	7	Excess distributions carryover to 2019. Add lines	Rı	DEVICE AND SECURITY OF THE PARTY OF THE PART	CANADA CA	THE PARTY OF	TARREST TO PROTECT OF
•	•	and 4c.	ľ,				
	 B	Breakdown of line 7:	1		TOTAL STREET	The second second	
3	a	Excess from 2014					
+	b	Excess from 2015				177-401-4	
7	c	Excess from 2016	1				THE RESERVE OF THE PARTY OF THE
\mathcal{T}	d	Excess from 2017		Paragraphic News		10.70	
_	е	Excess_from 2018	<u> </u>				NA SECTION OF THE PARTY OF THE
7			1	The second secon		Schedule	A (Form 990 or 990-EZ) 201

Part VI	Supplemental Information. Provide the explanations required by Part II, line III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, line 2, 5, and 6, Also complete the part for any edition of lines 1; Part V, Section B, line 1e; Part V, Section D, lines 5, lines 2, 5, and 6, Also complete the part for any edition of lines 1; Part V, Section B, line 1e; Part V, Section D, lines 5, lines 2, 5, and 6, Also complete the part for any edition of lines 1; Part V, Section B, lines 1; Part V, S	11b, and 11c; Part IV, Section art IV, Section E, lines 1c, 2a, 2b, 6, and 8; and Part V. Section E.
	lines 2, 5, and 6. Also complete this part for any additional information. (See in	nstructions.)
	\	
		•
,		
	······································	
		· · · · · · · · · · · · · · · · · · ·
		1

SCHEDULE D (Form 990)

BAA

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 2018

Open to Public Inspection

1	Name of	f the organization		En	nployer identification number
_	Cinc	cinnati's Optimum Residential Envir			1-1189463
	Par				or Accounts.
,-		Complete if the organization answered '			
N	IA		(a) Donor advised funds	╀-	(b) Funds and other accounts
	1	Total number at end of year		lacksquare	
- 1	2	Aggregate value of contributions to (during year)	<u> </u>	┼-	
- (3	Aggregate value of grants from (during year) .		╀	
- 1	. 4 . 5	Aggregate value at end of year	advisors in writing that the access h	1	in depay advised
'		funds are the organization's property, subject to the			
/	6	Did the organization inform all grantees, donors, a			
(,	only for charitable purposes and not for the bene-			
- /	ı	conferring impermissible private benefit?			
<u> </u>	Part				
. il	Λ	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.		
Νlī	47	Purpose(s) of conservation easements held by the			
- (Preservation of land for public use (e.g., recrea			
		Protection of natural habitat	☐ Preservation o	fa	certified historic structure
l	•	Preservation of open space			
	2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year.	eld a qualified conservation contribution	on	Held at the End of the Tax Year
- 1	а				. 2a
- [Total acreage restricted by conservation easement			2b
	c	Number of conservation easements on a certified I			20
1	d	Number of conservation easements included in			
-		historic structure listed in the National Register .			. 2d
	3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	nır	nated by the organization during the
-		tax year ▶			
- (4	Number of states where property subject to conse			
1	5	Does the organization have a written policy reviolations, and enforcement of the conservation ea			
1	6	Staff and volunteer hours devoted to monitoring, inspe			
	6	Stan and volunteer hours devoted to monitoring, inspe	cung, nandling of violations, and emorcin	gc	briservation easements during the year
\	7	Amount of expenses incurred in monitoring, inspecting	ng, handling of violations, and enforcing	co	 nservation easements during the year
1	•	▶ \$	ig, name in grand and an arrange	-	substitution substitution as migration you
	8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	se	ection 170(h)(4)(B)(ı)
		and section 170(h)(4)(B)(ii)?			· · · · · □ Yes □ No
1	9	In Part XIII, describe how the organization reports			
		balance sheet, and include, if applicable, the text of		an	cial statements that describes the
i	1	organization's accounting for conservation easeme		_	than Civilan Assault
ı	Part	Organizations Maintaining Collection Complete if the organization answered			mer Similar Assets.
117	Λ 1a	If the organization elected, as permitted under SF			venue statement and halance sheet
V IF	71a	works of art, historical treasures, or other similar			
1		public service, provide, in Part XIII, the text of the f			
	b	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	re	yenue statement and balance sheet
		works of art, historical treasures, or other similar	assets held for public exhibition, ed		
		public service, provide the following amounts relat	=		
1		(i) Revenue included on Form 990, Part VIII, line 1			
	_	(ii) Assets included in Form 990, Part X			
1	2	If the organization received or held works of art			
1	_	following amounts required to be reported under S			i
1	a b	Revenue included on Form 990, Part VIII, line 1. Assets included in Form 990, Part X		•	
١.		perwork Reduction Act Notice, see the Instructions fo		•	Schedule D (Form 990) 2018

REV 11/12/18 PRO

	art III Organizations Maintaining							
NIA3	Using the organization's acquisition, collection items (check all that apply):	accession, and o	ther reco	ds, chec	k any of the	follo	ving that are a s	ignificant use of r
1	a 🔲 Public exhibition		d	☐ Loan	or exchange	e prog	rams	
	b Scholarly research		е	🗌 Othei	r			
- /	c Preservation for future generations	3						••••••
4	Provide a description of the organiza XIII.	tion's collections	and expla	in how t	hey further t	he or	ganization's exen	npt purpose in Pa
5	During the year, did the organization assets to be sold to raise funds rather							
P	art IV Escrow and Custodial Arra	ngements.	·					
1	Complete if the organization 990, Part X, line 21.					İ	·	
NA	a Is the organization an agent, trustee included on Form 990, Part X?							
1	b If "Yes," explain the arrangement in P	art XIII and compl	lete the fo	llowing to	able:			
								mount
- 1	c Beginning balance					16		
- 1	d Additions during the year					16		
	e Distributions during the year					1e		
- 1	f Ending balance					1	I	
, ,	a Did the organization include an amou							
	b If "Yes," explain the arrangement in P	art XIII. Check he	re if the ex	kplanatio	n has been j	orovid	ed on Part XIII .	<u> </u>
نا ا	art V Endowment Funds.			000		40		
l	Complete if the organization						T 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1
1112		(a) Current year	(b) Pri	or year	(c) Two years	back	(d) Three years back	(e) Four years back
V 1/4	• •		-					
1	b Contributions		<u> </u>					
- 1	c Net investment earnings, gains, and							
]	losses		•					
1	d Grants or scholarships				-			
- 1	e Other expenditures for facilities and							
-1	programs		ľ					
-1	f Administrative expenses					_		
- -	g End of year balance							
2	Provide the estimated percentage of t	he current year e	nd balanc	e (line 1c	, column (a)) held	as:	
	a Board designated or quasi-endowme	•			, ,	·		
-	b Permanent endowment ▶	%						
1	c Temporarily restricted endowment ▶	%						
1	The percentages on lines 2a, 2b, and		100%.					
3	a Are there endowment funds not in the	e possession of t	he organi	zation th	at are held a	and ad	ministered for th	e
	organization by:		•					Yes No
1	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
1	b If "Yes" on line 3a(ii), are the related of							3b
\ 4								
/E3	art VI Land, Buildings, and Equip							
	Complete if the organization		s" on For	m 990. I	Part IV. line	11a	See Form 990.	Part X line 10
	Description of property	(a) Cost or o			or other basis	_	Accumulated	(d) Book value
	2000 property	(investr			other)		epreciation	(W) DOOR VAILED
	a Land	.	0.	3	94.514			394,514
'	b Buildings				73,046.		,522,450.	1,650,596
	c Leasehold improvements	.			, 0 - 0 .		, 522, 350.	1,000,090
	d Equipment	.			28,369.		387,541.	140,828
	e Other	: 	···	 	.20,309.		307,341.	140,020
Tot	tal. Add lines 1a through 1e. (Column (d) r		990 Part	Y colum	n (R) line 10	<u> </u>		2,185,938
			EV 11/12/18 F		1 (D), IIII 10	u., .		
BA	A	R	CV 11/12/18 F	NO.			Sche	edule D (Form 990) 20

Part VII	Investments – Other Securities. Complete if the organization answered	"Yes" on Form 9	990, Part IV, li	ne 11b.	See Form	990, Part X. line 12.
IA	(a) Description of security or category (including name of security)		(b) Book value		(c) Met	hod of valuation -of-year market value
	al derivatives					`
	-held equity interests	-	 			
(2) Other	• •	` ' ' '				
(A)			,	 	_ ,	
(B)				 		
(C)	,			 		
(D)				+		· · · · · · · · · · · · · · · · · · ·
(E)			 -			
(F)						
(G)						
(H)						······································
Total. (Columi	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			72.73		
Part VIII						
	Complete if the organization answered	"Yes" on Form !	990, Part IV, li	ne 11c.	See Form	990, Part X, line 13.
A	(a) Description of investment		(b) Book value			hod of valuation.
n					Cost or end	-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)				Mi District	Land of Contract of the Contra	and the ball which and the same
	n (b) must equal Form 990, Part X, col. (B) line 13.)				District Annual Control	THE REAL PROPERTY.
Part IX		(()/» =	000 D + 11/4	441		000 D 1 V E 45
A	Complete if the organization answered		990, Part IV, II	ne 11a.	See Form	(b) Book value
	(4) 200001					(b) Book value
(1)						
(2)						
191					1	
(3)				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
(4)						
(4) (5)						
(4) (5) (6)						
(4) (5) (6) (7)						
(4) (5) (6) (7) (8)						
(4) (5) (6) (7) (8) (9)	lumn (b) must equal Form 990, Part X, col. (B) I	ine 15.)				
(4) (5) (6) (7) (8) (9) Total. (Co		ıne 15.)				
(4) (5) (6) (7) (8) (9) Total. (Co	Other Liabilities.		· · · · · · · · · · · · · · · · · · ·	ne 11e	-	e Form 990. Part X.
(4) (5) (6) (7) (8) (9) Total. (Co	Other Liabilities. Complete if the organization answered			ne 11e	-	e Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Co	Other Liabilities.		990, Part IV, II	ne 11e	-	e Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Co Part X	Other Liabilities. Complete if the organization answered line 25.	"Yes" on Form	990, Part IV, II	ne 11e	-	e Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Co Part X	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form	990, Part IV, li	ne 11e	-	e Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Co Part X (1) Federal	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form	990, Part IV, I	ne 11e	-	e Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Co Part X (1) Federal (2)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form	990, Part IV, II	ne 11e	-	e Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Co Part X (1) Federal (2) (3)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form	990, Part IV, li	ne 11e	-	e Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Co Part X 1. (1) Federal (2) (3) (4)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form	990, Part IV, II	ne 11e	-	e Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Co Part X A (1) Federal (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form	990, Part IV, II	ne 11e	-	e Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Co Part X A (1) Federal (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form	990, Part IV, II	ne 11e		e Form 990, Part X,
(4) (5) (6) (7) (8) (9) Total. (Co Part X 1. (1) Federal (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered line 25. (a) Description of liability	"Yes" on Form	990, Part IV, II	ne 11e		e Form 990, Part X,

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

Complete if the organization answered "Yes" on Form 1 Total revenue, gains, and other support per audited financial state 1 Total revenue, gains, and other support per audited financial state	0 440 Dart IV line 17a		
, , , , , , , , , , , , , , , , , , , ,			
		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments			
b Donated services and use of facilities			
c Recoveries of prior year grants ,			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2е	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b	rt line 12\	· · · 4c	
Part XII Reconciliation of Expenses per Audited Financial			<u> </u>
Complete if the organization answered "Yes" on Form			turn.
↑ Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		0205	
, a Donated services and use of facilities	2a		
b Prior year adjustments		2%	
c Other losses			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, F	Part I, line 18)	5	
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete t			
2, Fart XI, lines 20 and 40, and Fart XII, lines 20 and 40. Also complete t	nis part to provide any au		ation.
	• • • • • • • • • • • • • • • • • • • •	 	
Pt X, Line 2: Text in footnote provided in review	ved financial stat	ement	
		1	
Pt X, Line 2: related to FASB ACS 740(formerly Figure 2)	[N 48).		
		<u> </u>	
Pt X, Line 2: ** CORE has implemented FASB ACS 74	10(formerly FIN 48	3).	
	••••••		
	uncertain tax pos	itions	
Pt X, Line 2: ** Management believes CORE has no		11010113	
Pt X, Line 2: ** Management believes CORE has no		71	
Pt X, Line 2: ** Management believes CORE has no Pt X, Line 2: ** based on an evaluation of tax po			
Pt X, Line 2: ** based on an evaluation of tax po	ositions. Accordi	ngly,	
	ositions. Accordi	ngly,	•••••
Pt X, Line 2: ** based on an evaluation of tax po	ositions. Accordi	ngly,	•••••
Pt X, Line 2: ** based on an evaluation of tax po	ositions. Accordi	ngly, peen	
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REV 11/12/18 PRO

SCHEDULE Q (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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
Cincinnati's Optimum Residential Environments, Inc.	31-1189463
Pt VI, Line 11b: The process of reviewing the 990 by the organization	ions
Pt VI, Line 11b: governing body is completed by comparing the curr	ent
Pt VI, Line 11b: return with the prior year return and comparing	he
Pt VI, Line 11b: the current return to reviewed financial statement	ts
Pt VI, Line 11b: prepared by independent outside accountants.	,
Other: End statement	
Pt VI, Line 12c: In our By-Laws, Article IV, we have a section on	
Pt VI, Line 12c: transactions between the corporation and trustee	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pt VI, Line 12c: officers or employees. Contracts and transaction	are
Pt VI, Line 12c: permitted as long as they are fair to the corporation	ation at
Pt VI, Line 12c: the time of the occurance and are disclosed. Cur	rent
Pt VI, Line 12c: Board Members have signed a conflict of interest	form,
Pt VI, Line 12c: and at the time any conflict might arise it would	be
Pt VI, Line 12c: disclosed and discussed at the Board Meeting or	in the
Pt VI, Line 12c: appropriate Committee, and the Board Member in qu	estion
Pt VI, Line 12c: would obstain from voting in such a situation.	1
Other: End statement	ļ
Pt VI, Line 15a: To determine compensation for the CEO, the	
Pt VI, Line 15a: Board of Trustees reviews performance in relation	nship
Pt VI, Line 15a: to goals and achievements. For other management	officials
Pt VI, Line 15a: ranked performance and time in grade are conside	red.
Other: End statement	
Pt VI, Line 19: The Company's governing documents, conflict of in	
Pt VI, Line 19: policy and financial statements are available to	the
Pt VI, Line 19: public upon request.	