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

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A F	or the	2013 calendar year, or tax year beginn	ning , 2013	, and ending		, 20					
		C Name of organization			D Employer id	lentification number					
B c	neck if appl	cincinnati works, inc.			31-165	6186					
	Address										
-	change	Number and street (or P.O. boy if mail is no	ot delivered to street address)	Room/suite	E Telephone n	number					
-	Name o	700 HARAMA CERRERA	,	STE 200	(513) 74	(513) 744-9675					
-	Initial re	City or town, state or province country on	nt ZIP or foreign postal code	1 012 500	(313) /1						
\vdash	Termin		a zii di loroigii pocial codo		G Gross receip	ots \$ 2,667,994.					
\vdash	return Applica	CINCINNAII, OH 43202	DIGGI DIN		H(a) Is this a gro	The state of the s					
L	pending	1	PEGGY ZINK		subordinates	s?					
		708 WALNUT STREET 4520	······		H(b) Are all subore						
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	 	ach a list. (see instructions)					
		E: ► WWW.CINCINNATIWORKS.ORG		<u> </u>	H(c) Group exem						
K	Form of	organization: X Corporation Trust A	Association Other	L Year of	formation: 1996 M	State of legal domicile: OH					
Pa	art I	Summary									
	1 6	Briefly describe the organization's mission or	most significant activities: CINCI	NNATI WOF	KS WILL PART	NER WITH ALL					
ė		WILLING AND CAPABLE PEO	PLE LIVING IN POVERTY	TO ASSIS	T THEM IN						
au	-	ADVANCING TO ECONOMIC	SELF-SUFFICIENCY THRO	UGH EMPLO	YMENT.						
er	2	Check this box 🕨 📗 if the organization dis	scontinued its operations or dispos	ed of more that	25% of its net asset	ts.					
Governance	1	Number of voting members of the governing b				3 28.					
જ	1	Number of independent voting members of the				4 27.					
Activities &	I .	Fotal number of individuals employed in caler				5 31.					
Ξ	į.	Fotal number of volunteers (estimate if necess				6 100.					
Act		Fotal unrelated business revenue from Part VII				7a 0					
	1	Net unrelated business taxable income from F				7b 0					
	וטו	ver unrelated business taxable income from t	On 390-1, me 34		Prior Year	Current Year					
		Doublitudian and marks (Doubling the		1	1,270,99						
e	1	Contributions and grants (Part VIII, line 1h)			1,210,5.	0 0					
Revenue		Program service revenue (Part VIII, line 2g)			37,2						
Be.	1	nvestment income (Part VIII, column (A), line		1							
	1	Other revenue (Part VIII, column (A), lines 5,			61,7						
	 	Total revenue - add lines 8 through 11 (must			1,369,9						
	I .	Grants and similar amounts paid (Part IX, colu				0 0					
	14	Benefits paid to or for members (Part IX, colur	nn (A), line 4)			0 0					
S	15	Salaries, other compensation, employee bene			1,238,2						
Expenses	16a	Professional fundraising fees (Part IX, column				0					
ă	b	Total fundraising expenses (Part IX, column (E), line 25) \triangleright 259,700	o <u>.</u>							
ш	17	Other expenses (Part IX, column (A), lines 11a	a-11d, 11f-24e)		517,3						
	18	Total expenses. Add lines 13-17 (must equal	Part IX, column (A), line 25)		1,755,6	50. 1,999,167.					
	19	Revenue less expenses. Subtract line 18 from	line 12		-385,7	18. 668,827.					
i s					Beginning of Current	Year End of Year					
ets	20	Total assets (Part X, line 16)			3,108,8	87. 3,842,864.					
Net Assets o Fund Balance	21				82,6	01. 101,811.					
e Se	22	Net assets or fund balances. Subtract line 21			3,026,2	86. 3,741,053.					
	art II	Signature Block									
Un	der pen	alties of periury. I declare that I have examined thi	s return, including accompanying sche	dules and staten	ents, and to the best	of my knowledge and belief, it is					
tru	e, corre	ct, and complete. Declaration of preparer (other than	officer) is based on all information of w	hich preparer ha	s any knowledge.						
Sig	n	Signature of officer			Date	- International Control of the Contr					
He	-										
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature	Date		ir PTIN					
Pai	d	i inno type preparers name	Sparor o digitaturo	0000	Check self-emplo	- J"					
	parer					- 1					
	e Only	Firm's name ▶GRANT THORNTON LL	P			36-6055558					
		Firm's address >4000 SMITH ROAD, SUITE 50			Phone no.	513-762-5000					
Ма	y the II	RS discuss this return with the preparer show	n above? (see instructions)		 	X Yes No					
Fo	Paper	work Reduction Act Notice, see the separat	e instructions.			Form 990 (2013)					

	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission: CINCINNATI WORKS WILL PARTNER WITH ALL WILLING AND CAPABLE PEOPLE
	LIVING IN POVERTY TO ASSIST THEM IN ADVANCING TO ECONOMIC
	SELF-SUFFICIENCY THROUGH EMPLOYMENT.
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
ļ	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.
a	(Code:) (Expenses \$ 692,910. including grants of \$) (Revenue \$)
	JOB READINESS: PROVIDES JOB SEEKERS WITH SOFT SKILLS TO BE
	SUCCESSFUL, PROMOTABLE EMPLOYEES. THIS PROGRAM FOCUSES ON JOB
	ACQUISITION AND RETENTION.
	acgording two tong tout
	(Code:) (Expenses \$ 218,304, including grants of \$) (Revenue \$)
	THE PHOENIX PROGRAM: FORMERLY KNOWN AS CIRV (CINCINNATI INITIATIVE
	TO REDUCE VIOLENCE), IS NOW REFERRED TO AT CINCINNATI WORKS AS THE
	PHOENIX PROGRAM. THE PHOENIX PROGRAM IS DESIGNED TO HELP THOSE
	WITH CRIMINAL BACKGROUNDS ENTER AND REMAIN IN THE WORKPLACE.
	(Code:) (Expenses \$ 186,923. including grants of \$) (Revenue \$)
С	
	ADVANCEMENT: ADVANCEMENT IS THE FORWARD MOVEMENT IN THE CONDITIONS
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1d	ADVANCEMENT: ADVANCEMENT IS THE FORWARD MOVEMENT IN THE CONDITIONS OF EMPLOYMENT WHEREBY THE STABILIZED EMPLOYED PERSON GAINS IMPROVEMENTS IN ONE OR MORE OF THE FOLLOWING AREAS, INCLUDING BUT NOT LIMITED TO: COMPENSATION, EDUCATION, MARKETABLE SKILLS, DESIRED BEHAVIOR FACILITATING MOVEMENT ALONG A DEFINED CAREER PATH, ULTIMATELY REACHING SELF-SUFFICIENCY.

Page 3 Form 990 (2013)

Part	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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
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 Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>			
Ŭ	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X as applicable.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		0.0000000000000000000000000000000000000	SECTION SECTION
a	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	- 1 - 1		
Б	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
4	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12 0	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
12 a	complete Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
b	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	<u> </u>		İ
IJ	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
10	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	· · ·		
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		 	† <u> </u>
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	x	
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		 	t
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	13	 	-
19	If "Yes," complete Schedule G, Part III	19		x
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		 	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
U		,	1	1

Form **990** (2013)

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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 L	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Х
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			1
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		x
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		Х
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		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			<u> </u>
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
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	1	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			1
	19? Note. All Form 990 filers are required to complete Schedule O		x	
			990	(2013)

Page 5

Form 990 (2013)
Part V S Statements Regarding Other IRS Filings and Tax Compliance

r all	Check if Schedule O contains a response or note to any line in this Part V			. X
	officer if officering of contains a response of flote to any line in this Fart v	· · · ·	Yes	No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) winnings to prize winners?	1c	х	100000000000000000000000000000000000000
0-		10		
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return 2a 31			
	Ctatements, med for the defendar year chang with or within the year covered by the retain.	2b	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
0	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	55,900,600	Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	35		
4 a				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		х
h	account)?	70		
ь	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5.0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
J	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a	200900000000000000000000000000000000000	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		0.000.000.000
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a	<u> </u>	<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	.		H
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand			.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	

Form 990 (2013)

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

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 28 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 27 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... x 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body?..... Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a 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? . . . 10h Х 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 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c X 13 13 Did the organization have a written whistleblower policy?...... Х 14 Did the organization have a written document retention and destruction policy?........ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶_____ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) X Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ▶LINNEA BONACCI 708 WALNUT STREET, SUITE 200 CINCINNATI, OH 45202 JSA

Part VI

Form 990 (2013) Page **7**

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.

(C)

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

(F) (B) Position (D) (E) (A) Estimated (do not check more than one Reportable Reportable Name and Title Average box, unless person is both an compensation compensation from amount of hours per other officer and a director/trustee) from related week (list an compensation the organizations hours for employee Key employee Highest compensated nstitutional trustee from the (W-2/1099-MISC) organization related organization vidual trustee organizations (W-2/1099-MISC) and related below dotted organizations 37.50 (1)PEGGY ZINK CINCINNATI WORKS PRESIDENT 0 0 Х 115,000 Х .50 (2)ROBERT LOFTUS Х 0 0 TRUSTEE (3)FRANK ALBI .50 0 0 X TRUSTEE (4)DANIEL FLEMING .50 0 n X TRUSTEE (5)KENT FRIEL .50 0 0 0 TRUSTEE Х (6)THOMAS GILMAN 1.00 X X VICE-CHAIRMAN (7)DAVID HERCHE 1.00 X 0 0 Х CHAIRMAN (8)GARY JOHNS .50 ٥ Х TRUSTEE (9)LIANE PHILLIPS .50 0 0 0 TRUSTEE Х (10)THOMAS ROWE .50 O 0 0 TRUSTEE Х (11)WILBERT SCHWARTZ .50 0 0 Х TRUSTEE

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3E1041 1.000

0

0

(12)DAVID SIEBENBURGEN

TRUSTEE

(13)MARK WILSON

TRUSTEE (14)SCOTT PHILLIPS

TRUSTEE

Page 8

	Section A. Officers, Directors, 11t	istees, Ke	<u>y</u>	ibio	ye	es,	and i	ııgı	nest Compensat	ea Employ	/ees (c	continuea)
	(A)	(B)	(C)						(D)	(E)		(F)
	Name and title	Average		Position					Reportable	Reporta		Estimated
		hours per					e than o		compensation	compensation		amount of other
		week (list any hours for					is both or/trust		from	relate		compensation
		related	2 5	TT			~~~~~~		the organization	organizations (W-2/1099-MISC		from the
		organizations	dividual t	Stite	Officer	y ei	ghe	Former	(W-2/1099-MISC)	(W-2/1033	·wico)	organization
		below dotted	dual	lti o	٦	mple	st c	4	(and related
		line)	dividual trustee	lal t		Key employee	om Mg	ļ				organizations
			stee	Institutional trustee		Φ	ens					ļ
				8			Highest compensated employee					
(15) DONALD CALVIN	1.00	 	\vdash		├	-	├		<u> </u>		
, ==	TREASURER		х		Х						0	
, 16	Programme and the contract of	EA	<u> </u>	\vdash	^		 	-	ļ			
(16	·L	.50	.,								0	
,	TRUSTEE		Х	\vdash	<u> </u>	┡	-	┝				<u> </u>
(17	·	.50										
_	TRUSTEE	<u> </u>	X	11		<u> </u>			C		0	C
(18	. 	1.00										
	SECRETARY		X		X	<u> </u>		<u> </u>	C		0	С
(19) DANA GLASGO	.50										
	TRUSTEE		Х						C)	0	(
(20) GERRON MCKNIGHT	.50										
`	TRUSTEE	†	х						l c)	0	d c
$(\overline{21}$) KEVIN RICE	.50	 	$\dagger \dagger \dagger$		<u> </u>	†	†				
` ==	TRUSTEE	† -	x								0) c
(22	Year of the second seco	.50	 	+	 	 	 	 				<u> </u>
(22	TRUSTEE	 	x								0	,
, 22	and the second s	F 0	<u> </u>	+		├		├	<u> </u>	1		
(23		.50	┨									
	TRUSTEE		X	\vdash		—	ļ	<u> </u>	<u> </u>	}	0	<u> </u>
(24) GERRY LINK	.50										
	TRUSTEE		X				ļ		<u> </u>)	0)C
(25) TODD PHILLIPS	.50]									
	TRUSTEE		X	$oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{oldsymbol{ol}}}}}}}}}}}}}}}}}}}}$	<u> </u>			L	C)	0	(
1	b Sub-total							•	115,000.		0) C
	c Total from continuation sheets to Part VII, S	ection A .						>)	0) C
	d Total (add lines 1b and 1c)							•	115,000.		0) C
2							e) wh	o re	eceived more than	\$100,000	of	
	reportable compensation from the organizatio			1			•					
												Yes No
3	Did the organization list any former offic	ear directo	ar o	r tri	ieto		kov i	om r	olovee or highes	t compans	ated	
J	employee on line 1a? If "Yes," complete Sched											3 X
	·											
4												
	organization and related organizations gr											4
	individual											4 X
5		accrue co	mper	ısati	on	fror	n any	un un	related organizati	on or indiv	idual	
	for services rendered to the organization? If "Y	'es," comple	te Sc	<u>hedu</u>	ule .	J foi	r such	pei	rson		<u> </u>	5 X
<u>_S</u>	ection B. Independent Contractors	······										
1	, ,											
	compensation from the organization. Report of	compensati	ion fo	r the	e ca	alen	dar ye	ear	ending with or wit	hin the orga	anizatio	on's tax
	year.											
	(A)								(B)			(C)
	Name and business add	dress							Description of se	ervices	(Compensation
		***************************************						Τ				
	1.77 (1.77)						************************	1		***************************************		······································
	**************************************							+			 	
_								+				
								+				
	Total number of independent contractors (noludie - L		# 12	n:+-	.d +	a +h-		liotod about whe	rossinad		
2	Total number of independent contractors (i				me	u (∍	nateu above) WNO	receivea		
	more than \$100,000 in compensation from the	ie organiza	HUI1	_			0					

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r box,	not cl	Pos heck	ition more	than of the highest compensated en is or true employee	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensatie relate organizat (W-2/1099-	ble on from d ions	(F) Estimated amount of other compensation from the organization and related organizations
26) JAMES STRAYHORN	.50						<u> </u>				
TRUSTEE		X						C		0	
27) NORMA SKOOG	.50	ļ									
TRUSTEE		X			<u> </u>	ļ	_	C	<u> </u>	0	
	 										
			<u> </u>								
Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose					o re	eceived more than	\$100,000	of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	lule J for su	ch inc	livid	ual							Yes N
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	1 \$15	50,0	000	? /	f "Ye	s,"	complete Schedu	ıle J for	such	4 2
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5
Section B. Independent Contractors 1 Complete this table for your five highest com	nensated i	inden	end	ent	cor	tracto	ore :	that received more	e than \$100	000	of
compensation from the organization. Report of year.	compensat	ion fo	r the	e ca	ilen	dar ye	ear (ending with or wit	hin the orga	anizatio	on's tax
(A) Name and business add	dress							(B) Description of s	ervices		(C) Compensation
***************************************							+				
						·····	\pm				
2 Total number of independent contractors (i more than \$100,000 in compensation from the	including b	ut no	t lir	nite	d t	o tho	se	listed above) who	received		

Page 9

Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to any line in this Part VIII											
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514					
ats ste	1a	Federated campaigns 1a										
3rai	b	Membership dues 1b										
Ar A	С	Fundraising events 1c										
뺼	d	Related organizations 1d										
Sign	е	Government grants (contributions) 1e										
真	f	All other contributions, gifts, grants,										
풀리		and similar amounts not included above . 1f	2,438,763.									
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$		2 420 762								
- 1	<u>h</u>	Total. Add lines 1a-1f	Business Code	2,438,763.								
e l	0-		Dudinicos Godo									
æ	2a b					VIV.						
ice	C											
Ser	d											
E	e											
Program Service Revenue	f	All other program service revenue										
<u>r</u>	g	Total. Add lines 2a-2f	<u> ▶</u>	0								
	3 4 5	Investment income (including dividends, inte other similar amounts). ATTACHMENT 2 Income from investment of tax-exempt bond Royalties	proceeds ▶	56,993. 0			56,993.					
	5	(i) Real	(ii) Personal									
	6a	Gross rents										
	b	Less: rental expenses										
	c	Rental income or (loss)										
	d	Net rental income or (loss)		0								
	7a	Gross amount from sales of (i) Securities	(ii) Other	1,200								
		assets other than inventory										
	b	Less: cost or other basis										
		and sales expenses										
	С	Gain or (loss)										
	d	Net gain or (loss)	· <u>····</u>	59,568.			59,568.					
nne	8a	Gross income from fundraising										
Ver		events (not including \$				#100 100 100 100 100 100 100 100 100 100						
Re		of contributions reported on line 1c).	_									
Other Reve	L	See Part IV, line 18	b									
돺	b	Net income or (loss) from fundraising events		0								
U	9a	Gross income from gaming activities.			11.77							
	"	See Part IV, line 19	a		FI (1997)							
	b		b									
	С	Net income or (loss) from gaming activities.	. <u></u>	0								
	10a	Gross sales of inventory, less										
		returns and allowances										
	b	Less: cost of goods sold	ь									
	<u> </u>	Net income or (loss) from sales of inventory.	Business Code	0								
	<u> </u>	Miscellaneous Revenue	Dusiness Code	_								
	11a	OTHER INCOME	-	112,670.	112,670.							
	b						<u> </u>					
	C	All d										
	d	All other revenue		112,670.								
	12	Total Add lines 11a-11d			112,670.		116,561.					

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	onse or note to any line	in this Part IX		<u> </u>
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21 .	0			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		,		
	United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	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			
7	Other salaries and wages	1,572,694.	1,181,844.	190,369.	200,481.
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):	_			
а	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
	Professional fundraising services. See Part IV, line 17.	0			
1	f Investment management fees	0			
Q	Other. (If line 11g amount exceeds 10% of line 25, column				22 224
	(A) amount, list line 11g expenses on Schedule O.) ATCH 3.	226,800.	192,146.	11,570.	23,084.
12	Advertising and promotion	0			Anna Anna Anna Anna Anna Anna Anna Anna
13	Office expenses	0			
14	Information technology	0			-,
15	Royalties	0	100 150	22 255	10 102
16	Occupancy	153,928.	120,470.	23,275.	10,183.
17	Travel	0			
18	, ,				
	for any federal, state, or local public officials	0			
	Conferences, conventions, and meetings	0			
20	Interest	0	LEUN MARIANTAN M		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	<u>o</u>	Andrea in the side of the side		
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.)				2 262
	EQUIPMENT & SUPPLIES	51,420.	40,374.	7,684.	3,362.
	DIRECT JOB SEEKER & ADVANCEM	36,956.	36,956.		02 407
	MARKETING	23,497.	22 422	212	23,497.
(OTHER	33,580.	30,430.	-313.	3,463.
	e All other expenses	-99,708.	-88,630.	-6,708.	-4,370.
	Total functional expenses. Add lines 1 through 24e	1,999,167.	1,513,590.	225,877.	259,700.
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)	0			

92557S 648W

Par	t X	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Pa	art X	• • • ;	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	60,002.	1	101,349.
	2	Savings and temporary cash investments	402,572.	2	631,875.
1	3	Pledges and grants receivable, net	865,289.	3	1,723,046.
İ		Accounts receivable, net	104,309.	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
l			0	5	0
	6	Complete Part II of Schedule L 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' beneficiary			
S		organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	10 000	8	
l	9	Prepaid expenses and deferred charges	40,932.	9	46,499.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 69,451.			
	b	Less: accumulated depreciation			
	11	Investments - publicly traded securities	1,557,927.		1,311,183.
l	12	Investments - other securities. See Part IV, line 11		12	0
	13	Investments - program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets. See Part IV, line 11			0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		 	3,842,864.
	17	Accounts payable and accrued expenses	80,629.		8,371.
	18	Grants payable	4 000	18	0
	19	Deferred revenue			0
	20	Tax-exempt bond liabilities		20	0
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D	La constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la constant de la con	21	0
Liabilities	22	Loans and other payables to current and former officers, directors,			
jab		trustees, key employees, highest compensated employees, and			The Pathwall of A Dagler
		disqualified persons. Complete Part II of Schedule L		22	0
	23	Secured mortgages and notes payable to unrelated third parties		23	0
	24	Unsecured notes and loans payable to unrelated third parties		24	C
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		J	02 440
		of Schedule D		25	93,440.
	26	Total liabilities. Add lines 17 through 25	82,601.	26	101,811.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	1,867,569.		1,790,728.
Ва	28	Temporarily restricted net assets	1,129,342.		1,920,950.
pu	29	Permanently restricted net assets	29,375.	29	29,375.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
sts	30	Capital stock or trust principal, or current funds		30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ب ک	32	Retained earnings, endowment, accumulated income, or other funds		32	
Š	33	Total net assets or fund balances			3,741,053.
***************************************	34	Total liabilities and net assets/fund balances	3,108,887	. 34	3,842,864.

Part	XI Reconciliation of Net Assets			***************************************	2222				
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,6	67 , 9	94.			
2	Total expenses (must equal Part IX, column (A), line 25)	2			99,1				
3	Revenue less expenses. Subtract line 2 from line 1	3		668,827.					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			26,2				
5	Net unrealized gains (losses) on investments	5		45,941.					
6	Donated services and use of facilities	6		0					
7	Investment expenses								
8	Prior period adjustments	8				0			
9	Other changes in net assets or fund balances (explain in Schedule O)	9				<u>-1.</u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))	10		3,7	41,0	53.			
Part									
	Check if Schedule O contains a response or note to any line in this Part XII		• • • •						
					Yes	No			
1									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in								
	Schedule O.								
2a	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 com-	piled	or						
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis			A 478	Mark A				
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	7.75.4.5			
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a						
	separate basis, consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis			47474	4.2 %	25 6 2 4 5 1			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs				x				
	of the audit, review, or compilation of its financial statements and selection of an independent accour			2c		100000			
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	ı ın						
	Schedule O.		_			124 8			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set			3a		х			
	the Single Audit Act and OMB Circular A-133?			Ja					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not underguired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		me	3b					
	required addit of addits, explain why in Schedule C and describe any steps taken to didergo such add	to.		L	000	(2013)			
				COIM	330	(2013)			

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

◆ Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
CINCINNATI WORKS, INC.

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Fellu			(All Organizations mus						000110.			
The orga	anization is not a priva	ate foundation bec	ause it is: (For lines 1 thr	ough 1	1, che	ck only	one box)				
1	A church, convention	on of churches, or a	association of churches d	escribe	ed in se	ection ⁻	170(b)(1	I)(A)(i).				
2	A school described	in section 170(b)(1)(A)(ii). (Attach Schedule	E.)								
3			ervice organization descrit		section	n 170(b)(1)(A)(iii).				
4			erated in conjunction wit						170(b)/1)/A	Miii). Enter	the
* 🗀	hospital's name, city	-	stated in conjunction wit	11 .a 11	ospitai	000011	bea iii	3001101		,,,,,,,	,,(m). Lino.	
5			efit of a college or unive	ersity c	wned	or ope	rated b	y a gov	/ernme	ntal u	nit described	d in
	section 170(b)(1)(A)(iv). (Complete Pa	art II.)									
6	A federal, state, or	local government	or governmental unit desc	ribed i	n sect i	ion 170	(b)(1)(<i>A</i>	۱)(v).				
7 X	An organization that	at normally receive	es a substantial part of its	supp	ort fro	m a go	vernme	ntal un	it or fro	m the	general pu	blic
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	described in sectio	n 170(b)(1)(A)(vi).	(Complete Part II.)									
8			on 170(b)(1)(A)(vi). (Com									
9			s: (1) more than 331/3%									
			exempt functions - subjections									
	support from gros	s investment inco	me and unrelated busir	ness ta	axable	income	e (less	section	511	tax) f	rom busines	ses
	acquired by the org	anization after Jun	e 30, 1975. See section	509(a)	(2). (C	omplet	e Part II	l.)				
10 🔲	An organization org	anized and operat	ed exclusively to test for	public s	safety.	See se	ction 5	09(a)(4)	١.			
11 🔙	An organization or	ganized and oper	ated exclusively for the	benef	it of, t	to perf	orm the	functi	ons of,	or to	carry out	the
			pported organizations de									tion
	509(a)(3). Check th	e box that describe	es the type of supporting	organi	zation	and co	mp <u>lete</u>	lines 11	e throu	ıgh 11	lh.	
	a Type I	b Type II	c Type III-Function	ally int	tegrate	d	d	Type III	-Non-fu	ınctior	nally integrate	ed
e			e organization is not cont									
	other than foundati	ion managers and	other than one or more p	ublicly	/ supp	orted o	rganiza	tions d	escribe	d in s	ection 509(a)(1)
	or section 509(a)(2).										
f	If the organization	received a writter	n determination from the	RS 1	that it	is a Ty	ype I, T	ype II,	or Type	e III s	upporting	
	organization, check	this box	<i></i>							 .	L	
g	Since August 17, 2	006, has the organ	nization accepted any gift	or cor	ntributi	on from	any of	the				
	following persons?									•		
	(i) A person who	directly or indirect	tly controls, either alone	or toge	ether v	vith per	sons de	escribe	d in (ii)	and	Yes	No
			the supported organization								11g(i)	X
			scribed in (i) above?								11g(ii)	X
			on described in (i) or (ii) a								11g(iii)	X
h			ut the supported organiza			• • • •				• • •		
(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv)	ls the	(v) Did y	ou notify	(vi) l	s the	(vii) A	mount of mone	tary
**	organization		(described on lines 1-9		zation in Iisted in		anization		ration in		support	
			above or IRC section (see instructions))	your go	overning ment?		of your oort?	in the				
			, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No			
/A)												
(A)												
(B)								<u> </u>				
(C)												
(D)												
(E)					<u> </u>							
\ - /				200000000000000000000000000000000000000	A SECTION OF THE	115500000	Figure 1930s	\$ 15 PH 12 PH 12 PH	Five State 2	-		
Total				100/45/30	1 444/2/20	1-244-665			1 10 6 10 10	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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

Schedule A (Form 990 or 990-EZ) 2013

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Part II

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,484,202.	1,440,655.	1,210,916.	1,368,173.	2,538,471.	8,042,417.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		AMAN AN			0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	1,484,202.	1,440,655.	1,210,916.	1,368,173.	2,538,471.	8,042,417.
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)						2,182,638.
6	Public support. Subtract line 5 from line 4.						5,859,779.
	tion B. Total Support	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	ndar year (or fiscal year beginning in)				1,368,173.	2,538,471.	8,042,417.
7 8	Amounts from line 4	1,484,202.	1,440,655.	1,210,916.	1,368,1/3.	2,538,471.	8,042,417.
0	payments received on securities loans, rents, royalties and income from similar sources	24,199.	25,084.	42,695.	37,235.	116,561.	245,774.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11	Total support. Add lines 7 through 10				<u> </u>		8,288,191.
12	Gross receipts from related activities, etc. (12	
13	First five years. If the Form 990 is organization, check this box and stop here						
	tion C. Computation of Public Sup		W			Taal	70 70 %
14	Public support percentage for 2013 (I	ine 6, column (f) divided by line	11, column (f))	• • • • • • • •	14	70.70 % 97.85 %
15	Public support percentage from 2012	Schedule A, Pa	art II, line 14		and line 44 in	234/09/ 05 700	
16a	331/3% support test - 2013. If the	organization did	not check the	box on line 13	, апо ппе 14 18	331/3 % OF HIO	re, check
_	this box and stop here. The organizat 331/3% support test - 2012. If the	ion qualifies as a	a publicly suppo	ov on line 13	n 16a and line		or more
O	check this box and stop here . The org						
179	10%-facts-and-circumstances test -						
110	10% or more, and if the organization						
	Part IV how the organization meets						
	organization						1 1
b	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the org						
	Explain in Part IV how the organizate supported organization	tion meets the	"facts-and-circu	mstances" test.	The organization	on qualifies as	a publicly ▶
18	Private foundation. If the organization	n did not check	a box on line 13	3, 16a, 16b, 17a	a, or 17b, check	this box and se	e
	instructions			* * * * * * * * * *			▶∟
						Schedule A (Form	990 or 990-EZ) 2013

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		p		· · · · · · · · · · · · · · · · · · ·	·	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose				******************		
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the			·			
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
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				<u> </u>		
С	Add lines 7a and 7b		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
8	Public support (Subtract line 7c from						
	line 6.)				Napasan Sara		
	tion B. Total Support	(=) 2000	(h) 2010	(-) 2011	(4) 2012	(a) 2012	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6 Gross income from interest, dividends,						
iva	payments received on securities loans,						
	rents, royalties and income from similar						
	sources		<u> </u>				
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b			 			
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly						
	carried on				_		
12							
	loss from the sale of capital assets						
40	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
4.4	and 12.) First five years. If the Form 990 is for	the organization	n'e firet eagand	third fourth or	r fifth tay year	as a section 501	(c)(3)
14	organization, check this box and stop here						
Sec	etion C. Computation of Public Su						
15	Public support percentage for 2013 (line 8			ımn (f))		15	%
	Public support percentage from 2012 Sch						<u>%</u>
16	etion D. Computation of Investme					1.7.1	
	Investment income percentage for 2013 (I			13 column (f))		17	%
17	Investment income percentage for 2013 (Investment income percentage from 2012					1 1	
18	331/3% support tests - 2013. If the or					·	
ısa	17 is not more than 331/3%, check the						
1	331/3% support tests - 2012. If the org						
O	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization						

PAGE 18

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Name	of the organization	Employer identification number
CIN	CINNATI WORKS, INC.	31-1656186
Par	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	ounts.
<u></u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in do	nor advised
_	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds of	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any otl	
	conferring impermissible private benefit?	
Par		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 a	n historically important land area
		certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	e form of a conservation
	easement on the last day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	a
b	1	b
С		lc
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	ld
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ed 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, hand	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easen	nents during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements	during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	6 F F F
	(i) and section 170(h)(4)(B)(ii)?	L Yes L No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	
	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. The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the	Similar Assets
Fal	Organizations Maintaining Collections of Art, Historical Treasures, or Other S Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	ommar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reversely of art, historical treasures, or other similar assets held for public exhibition, education	venue statement and balance shee
	public service, provide, in Part XIII, the text of the footnote to its financial statements that descri	ibes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reveworks of art, historical treasures, or other similar assets held for public exhibition, education public service, provide the following amounts relating to these items:	enue statement and balance shee tion, or research in furtherance o
	(i) Revenues included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	> \$
3	If the organization received or held works of art, historical treasures, or other similar as:	sets for financial gain provide the
2	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	colo loi ilitaliciai gaili, provide lite
_	Revenues included in Form 990, Part VIII, line 1	▶ \$
a b	Assets included in Form 990, Part X	

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Schedule D (Form 990) 2013

Par	Urganizations Maintaining Co	lections of	Art, rist	orical II	easures,	, or our	er Sillilai ASSE	is (cornii	iueu)
3	Using the organization's acquisition, acc collection items (check all that apply):	ession, and o	ther record	ls, check	any of th	ne follow	ing that are a sigr	nificant use	e of its
а	Public exhibition		d		r exchang				
b	Scholarly research		e 🗆	Other					
С	Preservation for future generations		WARRING	-					
4	Provide a description of the organization	's collections	and expla	in how tl	nev furthe	r the ord	anization's exemp	t purpose	in Part
•	XIII.		•		•	_	,	, ,	
5	During the year, did the organization solic	it or receive d	onations of	art histo	rical treas	sures or o	other similar		
,	assets to be sold to raise funds rather than							Yes	No
Day									
Par	or reported an amount on Form			e organi	Zauon an	SWEIGU	163 101 01111 33	o, raitiv	, 11110 0,
	or reported an amount of Form	1 330, 1 4117	, 1110 2 1 .						
1a	Is the organization an agent, trustee, cust included on Form 990, Part X?						r	Yes	☐ No
b	If "Yes," explain the arrangement in Part X	III and compl	ete the follo	wing tab	le:				
							Amount		
С	Beginning balance		. <i></i>		10				
	Additions during the year								
e	Distributions during the year								~····
f	Ending balance								
2a	Did the organization include an amount o							Yes	No
	If "Yes," explain the arrangement in Part X								H
Par								<u> </u>	
L GU		Current year	(b) Prior		(c) Two ye		(d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance	36,985.	` -	3,095.		3,649.	28,543.		23,563.
_	Contributions	30,903.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3,047.	1,000.	<u> </u>	250.
b	1						1,000.		
С	Net investment earnings, gains,	c 200				E E 1	4 252		1 770
	and losses	6,289.		3,890.		-554.	4,253.		4,778.
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses						147.		49.
g	End of year balance	43,274.		6,985.		3,095.			28,542.
2	Provide the estimated percentage of the	current year e	nd balance	(line 1g,	column (a	i)) held as	:		
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 100.0000	%							
C	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and $\overline{2c}$ s	hould equal 1	00%.						
3a	Are there endowment funds not in the po	ssession of t	ne organiza	tion that	are held a	and admir	nistered for the		
	organization by:							Y	es No
	(i) unrelated organizations							3a(i)	Х
	(ii) related organizations			<i>.</i>				3a(ii)	Х
b	If "Yes" to 3a(ii), are the related organizat	ions listed as	required on	Schedule	R?			3b	
4	Describe in Part XIII the intended uses of							1,1	
	VI Land Buildings and Equipmen	nt.							
THE ST	Complete if the organization a	nswered "Ye	es" to Forn	1 990, P	art IV, line			t X, line 1	10.
	Description of property	` (inves	other basis stment)		or other basis ther)		cumulated reciation	d) Book valu	e
1a	Land					Aga Ith Alls	CASH CONTRACTOR		
b	Buildings	·							
C	Leasehold improvements		CO 157		40 500				0 010
d	Equipment		69,451.		40,539	•		2	8,912.
	Other			<u> </u>	/m.)	1			0 010
Tota	II. Add lines 1a through 1e. <i>(Column (d) m</i>	ust equal Fori	m 990, Part	X, colum	n (B), line	10(c).)			8,912.
							Sche	dule D (Forn	n 990) 2013

Part VII	Investments - Other Securities. Complete if the organization answered	d "Yes"	to Form 990,	Part I	IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	1	Book value		(c) Method of valuation: Cost or end-of-year market value
(1) Einancia	al derivatives	<u> </u>			
	-held equity interests				
/ 4 \					
<u>`-</u> / (B)		1			
(C)					
(D)					
(E)					
(F)					COLUMN TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE
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	n (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII	Investments - Program Related.	1.857		Dt	N/ line 44 a Cas Farm 000 Bort V line 12
				, Paπ	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
				<u> </u>	
(1)		 		<u> </u>	ANALYSIS OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST
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	nn (b) must equal Form 990, Part X, col. (B) line 13.)			144	
Part IX	Other Assets.				
	Complete if the organization answere	d "Yes'	' to Form 990	, Part	IV, line 11d. See Form 990, Part X, line 15.
****	(a	a) Descrip	otion		(b) Book value
(1)					
(2)					
(3)					
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	lumn (b) must equal Form 990, Part X, col. (B)	i iine 15.	<u>) </u>		
Part X	Other Liabilities.	ad "Vac	" to Form 990	Part	IV, line 11e or 11f. See Form 990, Part X,
	line 25.		10 1 01111 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,
1.	(a) Description of liability		(b) Book valu	ne	
	eral income taxes			440	
	RUED EXPENSES		93,	440.	
(3)					
(4)					
(5)					
(6)					15 (32.5 5.7)
_(7)					
(8)					
(9)	ımn (b) must equal Form 990, Part X, col. (B) line 25	5)	93	440.	
					Inization'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-JSA 3E1270 1.000 92557S 648W Schedule D (Form 990) 2013

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	1.	
1	Total revenue, gains, and other support per audited financial statements	1	2,813,643.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		******
а	Net unrealized gains on investments 2a 45,941.		
b	Donated services and use of facilities 2b 99,708.		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	145,649.
3	Subtract line 2e from line 1	3	2,667,994.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,667,994.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	rn.	
1	Total expenses and losses per audited financial statements	1	2,098,875.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 99,708.		
b	Prior year adjustments 2b		
C	Other losses		
d	Other (Describe in Part XIII.)	2470	
е	Add lines 2a through 2d	2e	99,708.
3	Subtract line 2e from line 1	3	1,999,167.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	1,999,167.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,333,107.
2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pat XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	art V, III	ne 4; Part X, line
		we we see see s	

JSA 3E1271 1.000 Schedule D (Form 990) 2013 Page 5

Part XIII Supplemental Information (continued)

PART V, LINE 4

THE INTENDED USE OF THE ENDOWMENT FUND IS TO GENERATE OPERATING INCOME FOR CINCINNATI WORKS, INC.

PART IV, LINE 11F

AS REQUIRED BY THE UNCERTAIN TAX POSITION GUIDANCE IN FASB ACCOUNTING
STANDARDS CODIFICATION ("ASC") 740, INCOME TAXES, THE ORGANIZATION
RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF A TAX POSITION ONLY AFTER
DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT
SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE ORGANIZATION APPLIED THE
UNCERTAIN TAX POSITION GUIDANCE IN ASC 740 TO ALL TAX POSITIONS FOR WHICH
THE STATUTE OF LIMITATIONS REMAINED OPEN. THE ORGANIZATION DID NOT
RECOGNIZE ANY LIABILITIES FOR UNRECOGNIZED TAX BENEFITS IN 2012 OR 2011.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection

Employer identification number

CINCINNATI WORKS, INC.						21-1020100	
Part I Form 000 F7 filers are not					"Yes" to Form 9	90, Part IV, line 1	17.
FUITH 990-EZ IIIEIS are HUL					activities Charles	II that apply	
1 Indicate whether the organization rais	sea tuno						
a X Mail solicitations		e			non-government g		
b X Internet and email solicitations		f	1 I		government grants	3	
c Phone solicitations		g	Spec	cial fundrai	ising events		
d X In-person solicitations							
2a Did the organization have a written o	r oral a	greement w	vith any ind	dividual (in	cluding officers, d	irectors, trustees	. D.
or key employees listed in Form 990	, Part V	II) or entity	in connec	tion with p	rofessional fundra	-	X Yes No
b If "Yes," list the ten highest paid ind			(fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be
compensated at least \$5,000 by the	organiza	ation.					
	т					r	
(i) Name and address of individual				draiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii)) Activity		or control of butions?	from activity	fundraiser listed in	(or retained by) organization
	ļ					col. (i)	organization
1			Yes	No			
RICHARD CURTIS	GRT.	WRITE		x			
2							
CHRISTINE L. WUEST	GRT.	WRITE		x			
3							
4							
5		**************************************					
6							
7							
8							
9							
10							
۲otal			<i></i>	▶			
3 List all states in which the organiza	ation is	registered	or license	d to solici	t contributions or	has been notified	it is exempt from
registration or licensing.							
OH,	·····						
					A-1-1-1-1		
				······································			

Т		gross receipts greater than \$5,00	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c)
an l			77-7			
enlead	1	Gross receipts				
۷	2	Less: Contributions				
		Gross income (line 1 minus				
4		line 2)				
	4	Cash prizes				
	5	Noncash prizes	A AMERICAN AND A STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S			
Ses	6	Rent/facility costs				
Direct Expenses	_	Food and hoveroge-				
디디	7	Food and beverages				
	8	Entertainment				
	0	Other direct expenses				
	y	Other direct expenses [
- 1	10				▶ │	
				\		
ŀ		Net income summary. Subtract line 1	0 from line 3, column (d)	<u>- </u>	rted more
ŀ		Net income summary. Subtract line 1 Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y)	<u>- </u>	rted more
Pa		Gaming. Complete if the orga	anization answered "Y	/es" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	<u>- </u>	rted more (d) Total gaming (add col. (a) through col. (c)
Pa		Gaming. Complete if the orga	anization answered "Y Z, line 6a.	es" to Form 990, Par	t IV, line 19, or repo	(d) Total gaming (add
ŀ	71	Gaming. Complete if the orga	anization answered "Y Z, line 6a. (a) ^{Bingo}	es" to Form 990, Par	t IV, line 19, or repo	(d) Total gaming (add
Revenue	1	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y Z, line 6a. (a) Bingo	es" to Form 990, Par	t IV, line 19, or repo	(d) Total gaming (add
Revenue	1	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y Z, line 6a. (a) Bingo	es" to Form 990, Par	t IV, line 19, or repo	(d) Total gaming (add
Revenue	1 2	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anization answered "Y Z, line 6a. (a) Bingo	es" to Form 990, Par	t IV, line 19, or repo	(d) Total gaming (add
Revenue	1 2 3	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue	anization answered "Y Z, line 6a. (a) Bingo	es" to Form 990, Par	t IV, line 19, or repo	(d) Total gaming (add
Pa	1 2 3	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs	anization answered "Y Z, line 6a. (a) Bingo	es" to Form 990, Par	t IV, line 19, or repo	(d) Total gaming (add
irect Expenses Revenue	1 2 3	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue	anization answered "Y Z, line 6a. (a) Bingo	es" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo	(d) Total gaming (add
irect Expenses Revenue	1 2 3 4	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue	anization answered "Y Z, line 6a. (a) Bingo	es" to Form 990, Par (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or repo	(d) Total gaming (add
irect Expenses Revenue	1 2 3 4 5	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	anization answered "YZ, line 6a. (a) Bingo Yes	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes% No	(d) Total gaming (add
irect Expenses Revenue	1 2 3 4 5	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue	anization answered "YZ, line 6a. (a) Bingo Yes	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming Yes% No	(d) Total gaming (add
irect Expenses Revenue	1 2 3 4 5 6 7	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	anization answered "YZ, line 6a. (a) Bingo Yes No 2 through 5 in column (d	(b) Pull tabs/instant bingo/progressive bingo Yes% No	t IV, line 19, or report (c) Other gaming Yes% No	(d) Total gaming (add
Direct Expenses Revenue	1 2 3 4 5 6 7 8	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Subtra	Anization answered "YZ, line 6a. (a) Bingo Yes	(b) Pull tabs/instant bingo/progressive bingo Yes% No lumn (d)	t IV, line 19, or report (c) Other gaming Yes% No	(d) Total gaming (add
irect Expenses Revenue	1 2 3 4 5 6 7 8 E	Gaming. Complete if the organiza than \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Subtra	Yes	(b) Pull tabs/instant bingo/progressive bingo Yes% No lumn (d)	t IV, line 19, or report (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c)
6 Direct Expenses Revenue	1 2 3 4 5 6 7 8 E a 1 1	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Chert/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Subtractive the state(s) in which the organization licensed to operate of the state of the	Yes	(b) Pull tabs/instant bingo/progressive bingo Yes% No lumn (d)	t IV, line 19, or report (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c
6 Direct Expenses Revenue	1 2 3 4 5 6 7 8 E a 1 1	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Chert/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Subtractive the state(s) in which the organization licensed to operate of the state of the	Yes % No 2 through 5 in column (dact line 7 from line 1, cogaming activities in each	(b) Pull tabs/instant bingo/progressive bingo Yes% No lumn (d)	t IV, line 19, or report (c) Other gaming Yes% No	(d) Total gaming (add col. (a) through col. (c
Direct Expenses Revenue	1 2 3 4 5 6 7 8 8 E 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Gaming. Complete if the orgathan \$15,000 on Form 990-E Gross revenue Cash prizes Noncash prizes Chert/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 Net gaming income summary. Subtractive the state(s) in which the organization licensed to operate of the state of the	Yes % No 2 through 5 in column (dact line 7 from line 1, contion operates gaming activities in each	(b) Pull tabs/instant bingo/progressive bingo Yes% No No lumn (d)	t IV, line 19, or repo	(d) Total gaming (add col. (a) through col. (c

Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Employer identification number

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

CINCINNATI WORKS, INC. 31-1656186

Types of Property Part I (b) (d) (a) Noncash contribution Number of contributions or Method of determining Check if amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art. Art - Historical treasures Art - Fractional interests Books and publications 4 Clothing and household Cars and other vehicles 6 7 8 Intellectual property 64,861. FMV Х Securities - Publicly traded 9 10 Securities - Closely held stock . . . Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic Qualified conservation 14 contribution - Other Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles..... 18 19 Food inventory..... 20 Drugs and medical supplies 21 22 Historical artifacts 23 Scientific specimens..... Archeological artifacts..... 24 25 Other ►(_____) 26 Other ►(_____) 27 Other ►(_____) 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 0 which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be Х 30a used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard Х contributions? 31 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Х contributions? b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. Schedule M (Form 990) (2013)

JSA

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

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CINCINNATI WORKS, INC.

Employer identification number

31-1656186

PART VI - LINE 2

SCOTT PHILLIPS AND LIANE PHILLIPS: FAMILY, BRANDON COZZI IS AN EMPLOYEE OF USI: BUSINESS

PART VI - LINE 11B

THE DRAFT FORM 990 IS MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF TRUSTEES. THEY HAVE THE OPPORTUNITY TO REVIEW AND COMMENT ON THE DRAFT AT A FULL SESSION OF THE BOARD OF TRUSTEES OR TO THE TREASURER OF THE BOARD, OR THE CHIEF FINANCIAL OFFICER OF CINCINNATI WORKS.

PART VI - LINE 12 A & B

A CONFLICT OF INTEREST QUESTIONNAIRE IS DISTRIBUTED TO ALL TRUSTEES AND KEY EMPLOYEES ANNUALLY WHICH DIRECTLY ADDRESSES POTENTIAL FAMILY AND BUSINESS CONFLICTS. SHOULD A POTENTIAL CONFLICT BE NOTED, THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE POTENTIAL CONFLICT AND DETERMINES IF FURTHER ACTION IS REQUIRED. A QUESTIONNAIRE AND POLICY MUST BOTH BE SIGNED ANNUALLY.

PART VI - LINE 15 A & B

THE COMPENSATION FOR THE CEO HAS CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING FOR DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT. IT IS DETERMINED BY THE CHAIRMAN OF THE BOARD OF TRUSTEES.

THE CHAIRMAN USES COMPARATIVE DATA FROM THE UNITED WAY SALARY SURVEY FOR NON-PROFITS. THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES REVIEWS

Name of the organization CINCINNATI WORKS, INC. Employer identification number

THE CHAIRMAN'S RECOMMENDATION. OTHER KEY EMPLOYEE SALARIES ARE COMPARED TO THIS SAME UNITED WAY SALARY SURVEY. INCREASES ARE APPROVED BY THE PRESIDENT OF CINCINNATI WORKS, WITH FINAL APPROVAL BY THE TREASURER OF THE BOARD OF TRUSTEES.

PART VI - LINE 19

THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE IN THE CINCINNATI WORKS, INC. ANNUAL REPORT AND THE IRS FORM 990. BOTH ARE MADE AVAILABLE THROUGH EITHER MAILINGS OR DIRECT LINKS ON THE CINCINNATI WORKS, INC. WEBSITE. THE ANNUAL REPORT, IRS FORM 990, AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

PART XI - LINE 5

CHANGE IN FAIR MARKET VALUE OF INVESTMENTS

PART XI - LINE 9

ROUNDING ADJUSTMENT

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICE	<u>!S</u>		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
NEXT STEP PROGRAM (FOSTER YOUTH FOCUS)		80,418.	
CITYLINK (WE ARE EMPL. SERVICES PROVIDER)		230,768.	
PRICE HILL (WE ARE EMPL. SERVICES PROVIDER)		79,515.	
OTHER COSTS		24,752.	
TOTALS		415,453.	

ATTACHMENT 1

TOTALS