

### Critical Messages

None

### Electronic Filing

None

### Informational Messages

- Force field entered with data "20,090" on Screen Exp-2
- Historical Report (990 Return) does not display 2018 column if Tax Projection has not been selected.
- If Schedule B is required, enter data in View > Contributor/Officer > Contributor Information instead of Screen Income
- Form 8868 for Form 990/990-EZ extension previously printed; verify extended due date in Screen Ext
- Form 990, Part X, line 27 end of year unrestricted net asset balance is calculated
- Preparer 'Mark Reder', Reviewer 'Anne McRae', Staff 'Mary Lou'

### Missing Data

	Prior Year Data
<b>Income, Analysis of Activities, Additional Information</b>	
<input type="checkbox"/> Program service revenue	17,586
<b>Program Service Accomplishments</b>	
<input type="checkbox"/> Program service exp (Force)	383,173
<input type="checkbox"/> Program service exp (Force)	1,136,893
<b>Income with Direct Expenses and Cost of Goods Sold (Gala)</b>	
<input type="checkbox"/> Gross receipts	50,011
<b>Expenses Directly Related to Income (Gala)</b>	
<input type="checkbox"/> Other direct expenses	9,700
<input type="checkbox"/> Sch G food and bev expense	8,191
<input type="checkbox"/> Sch G entertainment expense	2,000
<b>General Options, Prior Year Revenue and Expenses, Penalties</b>	
<input type="checkbox"/> Number of volunteers	1000
<b>Balance Sheet - Assets</b>	
<input type="checkbox"/> Pledges allowance - EOY	4,082
<input type="checkbox"/> Prepaid expense - BOY	23,076

## Forms 990 / 990-EZ Return Summary

For calendar year 2017, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

### INTERFAITH HOSPITALITY NETWORK OF GREATER CINCINNATI

31-1335474

**Net Asset / Fund Balance at Beginning of Year** 952,888

#### Revenue

Contributions	<u>1,738,670</u>	
Program service revenue		
Investment income	<u>257</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>18,969</u>	
Direct expenses	<u>1,770</u>	
Net income	<u>17,199</u>	
Other income	<u>-1,582</u>	
<b>Total revenue</b>		<u>1,754,544</u>

#### Expenses

Program services	<u>1,639,626</u>	
Management and general	<u>69,539</u>	
Fundraising	<u>82,664</u>	
<b>Total expenses</b>		<u>1,791,829</u>
<b>Excess / (deficit)</b>		<u>-37,285</u>

Changes \_\_\_\_\_

**Net Asset / Fund Balance at End of Year** 915,603

#### Reconciliation of Revenue

Total revenue per financial statements	<u>1,756,314</u>	
Less:		
Unrealized gains	_____	
Donated services	_____	
Recoveries	_____	
Other	<u>1,770</u>	
Plus:		
Investment expenses	_____	
Other	_____	
<b>Total revenue per return</b>		<u><u>1,754,544</u></u>

#### Reconciliation of Expenses

Total expenses per financial statements	<u>1,793,599</u>	
Less:		
Donated services	_____	
Prior year adjustments	_____	
Losses	_____	
Other	<u>1,770</u>	
Plus:		
Investment expenses	_____	
Other	_____	
<b>Total expenses per return</b>		<u><u>1,791,829</u></u>

#### Balance Sheet

	Beginning	Ending	Differences
Assets	<u>1,091,787</u>	<u>1,074,103</u>	
Liabilities	<u>138,899</u>	<u>158,500</u>	
Net assets	<u><u>952,888</u></u>	<u><u>915,603</u></u>	<u><u>-37,285</u></u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/18  
 Failure to file penalty \_\_\_\_\_

October 8, 2018

**CONFIDENTIAL**

Interfaith Hospitality Network  
of Greater Cincinnati  
990 Nassau Street  
Cincinnati, OH 45206

Dear Stacey:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Sheldon Reder CPAs, Inc.

**Interfaith Hospitality Network**

2017

**990 Tax Return**

## **Filing Instructions**

### **Interfaith Hospitality Network of Greater Cincinnati**

#### **Exempt Organization / Private Foundation Tax Return(s)**

**Taxable Year Ended December 31, 2017**

#### **Federal Filing Instructions**

None is required. Your Form 990 for the year ended 12/31/17 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Sheldon Reder CPAs, Inc.  
1230 Springfield Pike  
Cincinnati, OH 45215

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office. If previously signed and returned no further action is required.

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2017, or fiscal year beginning ....., 2017, and ending ....., 20 .....

**2017**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

**INTERFAITH HOSPITALITY NETWORK  
OF GREATER CINCINNATI**

Employer identification number

**31-1335474**

Name and title of officer

**MICHAEL DAVIS  
TREASURER**

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>1,754,544</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b>	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize **SHELDON REDER CPAS, INC.** to enter my PIN **11111** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date **10/08/20**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**31518145215**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **MARK REDER**

Date **10/08/20**

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2017 calendar year, or tax year beginning** , **and ending** \_\_\_\_\_

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

**C** Name of organization **INTERFAITH HOSPITALITY NETWORK OF GREATER CINCINNATI**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) **990 NASSAU STREET** Room/suite \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code **CINCINNATI OH 45206**

**D** Employer identification number **31-1335474**  
**E** Telephone number **513-471-1100**  
**G** Gross receipts \$ **1,756,314**

**F** Name and address of principal officer:  
**DAVID ANNETT**  
**990 NASSAU ST.**  
**CINCINNATI OH 45206**

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

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

**J** Website: ▶ **WWW.IHNCINCINNATI.ORG** **H(c)** Group exemption number ▶ \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_ **L** Year of formation: **1991** **M** State of legal domicile: **OH**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>PROVIDE HOMELESS FAMILIES EMERGENCY SHELTER AND HOSPITALITY THROUGH INTERFAITH COMMUNITIES AND WORK WITH THESE FAMILIES TO FIND AND RETAIN STABLE HOUSING.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	<b>27</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>1,625,572</b>	<b>1,738,670</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>17,586</b>	<b>0</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>197</b>	<b>257</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>28,875</b>	<b>15,617</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,672,230</b>	<b>1,754,544</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>568,703</b>	<b>675,896</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>82,664</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,090,742</b>	<b>1,115,933</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,659,445</b>	<b>1,791,829</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>12,785</b>	<b>-37,285</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,091,787</b>	<b>1,074,103</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>138,899</b>	<b>158,500</b>
		<b>952,888</b>	<b>915,603</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer: **MICHAEL DAVIS** Date: \_\_\_\_\_  
 Type or print name and title: **TREASURER**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **MARK REDER** Preparer's signature: **MARK REDER** Date: **10/08/18** Check  if self-employed PTIN: **P00839365**  
 Firm's name: **SHELDON REDER CPAS, INC.** Firm's EIN: **31-1340869**  
 Firm's address: **1230 SPRINGFIELD PIKE CINCINNATI, OH 45215** Phone no.: **513-771-4100**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

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

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

**PROVIDE HOMELESS FAMILIES EMERGENCY SHELTER AND HOSPITALITY THROUGH INTERFAITH COMMUNITIES AND WORK WITH THESE FAMILIES TO FIND AND RETAIN STABLE HOUSING.**

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

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

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

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

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

**4a** (Code: ) (Expenses \$ **509,252** including grants of \$ ) (Revenue \$ )

**INTERFAITH HOSPITALITY NETWORK OF GREATER CINCINNATI (IHNGC) PROVIDES EMERGENCY SHELTER AND HOUSING PROGRAMS FOR HOMELESS FAMILIES. IHNGC PROGRAMS ARE DESIGNED TO BREAK THE CYCLE OF HOMELESSNESS. IN 2017, IHNGC SERVED 366 FAMILIES COMPRISED OF 1,290 INDIVIDUALS, 66% OF WHOM WERE CHILDREN. 90% OF FAMILIES SERVED IN 2017 ATTAINED (OR RETAINED) HOUSING. 80% OF FAMILIES THAT WERE HOUSED IN 2016 DID NOT RETURN TO HOMELESSNESS BY THE END OF 2017. IHNGC OPERATES EIGHT PROGRAMS THAT PROVIDE FAMILIES WITH THE TOOLS, RESOURCES, AND SUPPORT THAT THEY NEED TO OVERCOME HOMELESSNESS AND ACHIEVE LONG-TERM STABILITY.**

**THE EMERGENCY SHELTER PROGRAM MET THE BASIC NEEDS OF 92 FAMILIES IN 2017.**

**4b** (Code: ) (Expenses \$ **1,130,374** including grants of \$ ) (Revenue \$ )

**IN ADDITION TO SHELTER AND RELATED SERVICES, IHNGC OFFERS COMMUNITY-BASED PROGRAMS THAT HELP FAMILIES MAINTAIN STABILITY. IN 2017, PERMANENT SUPPORTIVE HOUSING PROVIDED CASE MANAGEMENT AND RENTAL SUPPORT FOR 42 FAMILIES WHO HAVE A MEMBER WITH A DISABILITY AND A HISTORY OF CHRONIC HOMELESSNESS, HELPING THEM TO MAINTAIN THEIR HOUSING IN THE COMMUNITY. AFTERCARE SERVICES PROVIDED 61 FAMILIES WITH EXTENDED CASE MANAGEMENT FOLLOWING AN EMERGENCY SHELTER STAY AND SERVED AS A SAFETY-NET FOR FORMER GUESTS FACING TEMPORARY DIFFICULTIES. RAPID RE-HOUSING PROVIDED CASE MANAGEMENT AND FINANCIAL ASSISTANCE FOR 121 FAMILIES IN 2017. SHELTER DIVERSION HELPED 50 FAMILIES AVOID HOMELESSNESS IN 2017 THROUGH CASE MANAGEMENT, HOUSING PLACEMENTS, AND RESOURCES.**

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

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **1,639,626**



**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X

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

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b>	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? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<b>X</b>	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.		<b>X</b>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1a</b>	<b>66</b>		
<b>1b</b>	<b>0</b>		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2a</b>	<b>27</b>		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>X</b>
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<b>X</b>
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI 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.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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.		
	<b>13</b>		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>13</b>		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13		<b>X</b>
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</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**

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

**MERRYBETH MCKEE**  
**CINCINNATI**

**990 NASSAU ST.**

**OH 45206**

**513-471-1100**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID ANNETT PRESIDENT	2.00 0.00	X		X				0	0	0
(2) SONYA WALTON VICE PRESIDENT	2.00 0.00	X		X				0	0	0
(3) BRIAN KERSHNER SECRETARY	2.00 0.00	X		X				0	0	0
(4) MICHAEL DAVIS TREASURER	2.00 0.00	X		X				0	0	0
(5) ANDREW KILEY TRUSTEE	1.00 0.00	X						0	0	0
(6) BASEL SAQR TRUSTEE	1.00 0.00	X						0	0	0
(7) DR. LISA VAUGHN TRUSTEE	1.00 0.00	X						0	0	0
(8) SUSAN FRANKEL TRUSTEE	1.00 0.00	X						0	0	0
(9) DAVID E. JONES, TRUSTEE	EDD, MPH, LPC 1.00 0.00	X						0	0	0
(10) BRITTANY LARISON TRUSTEE	1.00 0.00	X						0	0	0
(11) SARA NEYER TRUSTEE	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>DAVID WADE PECK, ESQ.</b> ..... <b>TRUSTEE</b>	1.00 ..... 0.00	X						0	0	0
(13) <b>JAMES UEBEL</b> ..... <b>TRUSTEE</b>	1.00 ..... 0.00	X						0	0	0
(14) <b>STACEY BURGE</b> ..... <b>EXECUTIVE DIRECTOR</b>	40.00 ..... 0.00			X				62,060	0	8,641
<b>1b Sub-total</b> .....								<b>62,060</b>		<b>8,641</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								<b>62,060</b>		<b>8,641</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> 58,158				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 1,237,349				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 443,163				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		<b>1,738,670</b>			
<b>Program Service Revenue</b>	<b>2a</b>	Busn. Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		257		257	
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
	<b>b</b> Less: rental exps.					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	18,969			
		<b>b</b> Less: direct expenses	<b>b</b> 1,770			
<b>c</b> Net income or (loss) from fundraising events			17,199			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
<b>11a</b> MISCELLANEOUS	900099	6,083		6,083		
<b>b</b> LOSS ON INVESTMENT IN LLC	900002	-7,665		-7,665		
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		-1,582				
<b>12 Total revenue.</b> See instructions		1,754,544	0	0	-1,325	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	<b>62,060</b>	<b>51,896</b>	<b>4,807</b>	<b>5,357</b>
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>477,917</b>	<b>399,641</b>	<b>37,020</b>	<b>41,256</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>6,638</b>	<b>5,547</b>	<b>442</b>	<b>649</b>
<b>9</b> Other employee benefits	<b>80,984</b>	<b>67,674</b>	<b>5,398</b>	<b>7,912</b>
<b>10</b> Payroll taxes	<b>48,297</b>	<b>41,147</b>	<b>3,193</b>	<b>3,957</b>
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>12,495</b>	<b>10,662</b>	<b>1,382</b>	<b>451</b>
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>18,307</b>	<b>15,622</b>	<b>2,024</b>	<b>661</b>
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	<b>20,636</b>	<b>6,104</b>	<b>88</b>	<b>14,444</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>44,464</b>	<b>42,193</b>	<b>1,204</b>	<b>1,067</b>
<b>17</b> Travel	<b>15,273</b>	<b>14,305</b>	<b>658</b>	<b>310</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	<b>2,669</b>	<b>869</b>	<b>1,727</b>	<b>73</b>
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>20,090</b>	<b>16,798</b>	<b>1,558</b>	<b>1,734</b>
<b>23</b> Insurance	<b>9,509</b>	<b>8,458</b>	<b>443</b>	<b>608</b>
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> CLIENT HOUSING	<b>664,505</b>	<b>664,505</b>		
<b>b</b> GUEST TRANSPORTATION	<b>144,373</b>	<b>144,373</b>		
<b>c</b> DIRECT GUEST EXPENSE	<b>59,641</b>	<b>59,641</b>		
<b>d</b> MISC	<b>58,680</b>	<b>55,579</b>	<b>337</b>	<b>2,764</b>
<b>e</b> All other expenses	<b>45,291</b>	<b>34,612</b>	<b>9,258</b>	<b>1,421</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>1,791,829</b>	<b>1,639,626</b>	<b>69,539</b>	<b>82,664</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	<b>124,515</b>	<b>1</b>	<b>92,381</b>
	<b>2</b> Savings and temporary cash investments	<b>194,485</b>	<b>2</b>	<b>194,728</b>
	<b>3</b> Pledges and grants receivable, net	<b>166,620</b>	<b>3</b>	<b>183,581</b>
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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 organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	<b>25,000</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>380,512</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>127,597</b>	<b>273,004</b>	<b>10c</b> <b>252,915</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11	<b>333,163</b>	<b>13</b>	<b>325,498</b>
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		<b>1,091,787</b>	<b>16</b>	<b>1,074,103</b>
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>15,399</b>	<b>17</b>	<b>16,719</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	<b>30,281</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	<b>123,500</b>	<b>24</b>	<b>111,500</b>
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25		<b>138,899</b>	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	<b>832,704</b>	<b>27</b>	<b>712,605</b>
	<b>28</b> Temporarily restricted net assets	<b>120,184</b>	<b>28</b>	<b>202,998</b>
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	<b>952,888</b>	<b>33</b>	<b>915,603</b>	
<b>34</b> Total liabilities and net assets/fund balances		<b>1,091,787</b>	<b>34</b>	<b>1,074,103</b>

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,754,544</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,791,829</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-37,285</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>952,888</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>915,603</b>

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

INTERFAITH HOSPITALITY NETWORK OF GREATER CINCINNATI

Employer identification number

31-1335474

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and a Total row.

**Part II 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	741,632	1,040,466	1,070,686	1,625,572	1,738,670	6,217,026
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	741,632	1,040,466	1,070,686	1,625,572	1,738,670	6,217,026
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)						116,584
6 <b>Public support.</b> Subtract line 5 from line 4.						6,100,442

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	741,632	1,040,466	1,070,686	1,625,572	1,738,670	6,217,026
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,491	111	229	197	257	2,285
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	13,549	-5,552	-7,665	-7,665	-1,582	-8,915
11 <b>Total support.</b> Add lines 7 through 10						6,210,396

12 Gross receipts from related activities, etc. (see instructions) 12 199,956

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	98.23%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	97.47%

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test. Answer (a) and (b) below.		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b>	Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

- 7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**PART II, LINE 10 - OTHER INCOME DETAIL**

<b>LOSS ON LLC</b>	<b>\$ -14,998</b>
<b>MISCELLANEOUS</b>	<b>\$ 6,083</b>

**Schedule of Contributors**

**2017**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

<b>Name of the organization</b> <b>INTERFAITH HOSPITALITY NETWORK</b> <b>OF GREATER CINCINNATI</b>	<b>Employer identification number</b>  <b>31-1335474</b>
--	--

**Organization type** (check one):

- Filers of:**                      **Section:**
- Form 990 or 990-EZ             501(c)( **3** ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF                       501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> <b>INTERFAITH HOSPITALITY NETWORK</b>	<b>Employer identification number</b> <b>31-1335474</b>
--	--

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<b>STRATEGIES TO END HOMELESSNESS</b> <b>2368 VICTORY PARKWAY, SUITE 600</b>  <b>CINCINNATI OH 45206</b>	\$ 1,021,955	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>CITY OF CINCINNATI</b> <b>805 CENTRAL AVE, SUITE 700</b>  <b>CINCINNATI OH 45202</b>	\$ 210,312	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<b>GREATER CINCINNATI FOUNDATION</b> <b>200 WEST FOURTH ST.</b>  <b>CINCINNATI OH 45202</b>	\$ 66,642	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<b>UNITED WAY OF GREATER CINCINNATI</b> <b>2400 READING RD.</b>  <b>CINCINNATI OH 45202</b>	\$ 58,158	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<b>THE TRUST ESTATE OF GEORGE RILEY</b> <b>PO BOX 356</b>  <b>TERRACE PARK OH 45174</b>	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

INTERFAITH HOSPITALITY NETWORK OF GREATER CINCINNATI

Employer identification number

31-1335474

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, number of easements, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		<b>286,437</b>	<b>42,468</b>	<b>243,969</b>
<b>d</b> Equipment .....				
<b>e</b> Other .....		<b>94,075</b>	<b>85,129</b>	<b>8,946</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				<b>252,915</b>

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) <b>INVESTMENT IN LLC HOLDING BUILDING</b>	<b>325,498</b>	<b>COST</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		<b>325,498</b>

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>1,756,314</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>1,770</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>1,770</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>1,754,544</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>1,754,544</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>1,793,599</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>1,770</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>1,770</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>1,791,829</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>1,791,829</b>

**Part XIII Supplemental Information.**

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

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**SPECIAL EVENT DIRECT EXPENSES** \$ **1,770**

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**SPECIAL EVENT DIRECT EXPENSES** \$ **1,770**





**SCHEDULE G  
(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2017**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

Open to Public  
Inspection

Name of the organization

**INTERFAITH HOSPITALITY NETWORK  
OF GREATER CINCINNATI**

Employer identification number

**31-1335474**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....  
.....  
.....  
.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>VARIOUS EVENTS</b>		<b>NONE</b>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	(col. (c))
Revenue	<b>1</b> Gross receipts	<b>18,969</b>			<b>18,969</b>
	<b>2</b> Less: Contributions				
	<b>3</b> Gross income (line 1 minus line 2)	<b>18,969</b>			<b>18,969</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food and beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other direct expenses	<b>1,770</b>			<b>1,770</b>
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d)				<b>1,770</b>
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d)				<b>17,199</b>	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue				
Direct Expenses	<b>2</b> Cash prizes				
	<b>3</b> Noncash prizes				
	<b>4</b> Rent/facility costs				
	<b>5</b> Other direct expenses				
	<b>6</b> Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d)				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d)				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2017**

▶ Attach to Form 990 or 990-EZ.

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>INTERFAITH HOSPITALITY NETWORK OF GREATER CINCINNATI</b>	Employer identification number <b>31-1335474</b>
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**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

OVER 1,000 VOLUNTEERS FROM MORE THAN 100 PARTNER CONGREGATIONS PROVIDED OVERNIGHT SHELTER SITES AND THREE DAILY MEALS AT HOUSES OF WORSHIP LOCATED THROUGHOUT THE CITY OF CINCINNATI. THE IHNGC TRANSPORTATION PROGRAM SHUTTLED FAMILIES BETWEEN CONGREGATIONAL HOST SITES AND THE IHNGC DAY CENTER. AT THE DAY CENTER, FAMILIES WORKED WITH IHNGC STAFF TO GAIN STABLE HOUSING AND INCOME. CHILDREN'S NEEDS WERE ADDRESSED THROUGH THE CHILD ENRICHMENT PROGRAM, WHICH PROVIDED SCHOOL AND DEVELOPMENTAL SUPPORT FOR 181 CHILDREN. THE PET SUPPORT PROGRAM EXTENDED CARE TO FOUR-LEGGED FAMILY MEMBERS, ALLOWING 75 PETS TO STAY CONNECTED TO THEIR HUMAN FAMILIES WHILE THEY WORKED TO ATTAIN HOUSING.

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**  
THE DIRECTOR OF OPERATIONS, TREASURER OF THE BOARD (THE FINANCE COMMITTEE) AND EXECUTIVE DIRECTOR REVIEW THE 990 PRIOR TO FILING. THESE THREE REVIEW FOR ACCURACY AND RECOMMEND ANY CHANGES. IT IS SENT TO THE FULL BOARD FOR REVIEW AND QUESTIONS IF TIME PERMITS PRIOR TO FILING, BUT OTHERWISE IS MADE AVAILABLE TO THE BOARD AFTER FILING.

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL**  
THE BOARD OF DIRECTORS REVIEWS THE EXECUTIVE DIRECTOR'S PERFORMANCE AND COMPENSATION ON AN ANNUAL BASIS.

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**  
NO DOCUMENTS AVAILABLE TO THE PUBLIC

Name of the organization

Employer identification number

**INTERFAITH HOSPITALITY NETWORK**

**31-1335474**

**FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION**

**SPECIAL EVENT DIRECT EXPENSES** \$ **1,770**

**SPECIAL EVENT DIRECT EXPENSES** \$ **-1,770**

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

**INTERFAITH HOSPITALITY NETWORK  
OF GREATER CINCINNATI**

Employer identification number

**31-1335474**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 990 NASSAU LLC 990 NASSAU ST. CINCINNATI OH 45206 46-0990194	REAL ESTAT	OH	INTERFAITH	RELATED		268,906		X	N/A	X		50.00
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									



**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<b>X</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s)		<b>X</b>
<b>c</b> Gift, grant, or capital contribution from related organization(s)		<b>X</b>
<b>d</b> Loans or loan guarantees to or for related organization(s)		<b>X</b>
<b>e</b> Loans or loan guarantees by related organization(s)		<b>X</b>
<b>f</b> Dividends from related organization(s)		<b>X</b>
<b>g</b> Sale of assets to related organization(s)		<b>X</b>
<b>h</b> Purchase of assets from related organization(s)		<b>X</b>
<b>i</b> Exchange of assets with related organization(s)		<b>X</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		<b>X</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		<b>X</b>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		<b>X</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		<b>X</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<b>X</b>
<b>o</b> Sharing of paid employees with related organization(s)		<b>X</b>
<b>p</b> Reimbursement paid to related organization(s) for expenses		<b>X</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses		<b>X</b>
<b>r</b> Other transfer of cash or property to related organization(s)		<b>X</b>
<b>s</b> Other transfer of cash or property from related organization(s)		<b>X</b>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													



INTEHOSP 10/08/2018 11:16 AM

**Depreciation and Amortization**

OMB No. 1545-0172

Form **4562**

(Including Information on Listed Property)

**2017**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

Attachment Sequence No. **179**

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return **INTERFAITH HOSPITALITY NETWORK  
OF GREATER CINCINNATI**

Identifying number  
**31-1335474**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,030,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	▶ 13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	20,089

**Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

**Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	20,089
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**For Paperwork Reduction Act Notice, see separate instructions.**

Form **4562** (2017)

**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
14	Chiller pipe project	12/31/13	30,362			30,362	15 MO S/L	8,097	2,024
15	various	12/31/00	11,650			11,650	5 MO S/L	11,650	0
16	various	12/31/02	152			152	5 MO S/L	152	0
17	various	12/31/00	6,038			6,038	5 MO S/L	6,038	0
18	Cots	12/31/02	9,441			9,441	5 MO S/L	9,441	0
19	Cots	12/31/03	14,697			14,697	5 MO S/L	14,697	0
20	Cots	12/31/04	6,858			6,858	5 MO S/L	6,858	0
21	Cots-2005 Cots purchased for Christ Church	1/12/05	2,720			2,720	5 MO S/L	2,720	0
22	Cots 2005 -18 cots for Milford First UMC +	12/30/05	3,087			3,087	5 MO S/L	3,087	0
23	Cots - 2007	6/29/05	6,860			6,860	5 MO S/L	6,860	0
24	projector and screen	3/29/05	1,536			1,536	5 MO S/L	1,536	0
25	new control unit for phone system	11/09/05	1,035			1,035	5 MO S/L	1,035	0
26	cameras and monitor for improved security sys	1/16/05	3,111			3,111	5 MO S/L	3,111	0
27	phone system balance due	12/31/05	942			942	5 MO S/L	942	0
28	ADT Security System	9/06/06	1,901			1,901	5 MO S/L	1,901	0
29	Wireless card and router	9/20/06	514			514	5 MO S/L	514	0
30	2 PACK & PLAYS (cots 2008)	1/30/08	640			640	5 MO S/L	640	0
31	COTS	9/30/09	7,983			7,983	5 MO S/L	7,983	0
32	NORIX FURNITURE	1/01/12	14,910			14,910	15 MO S/L	4,970	994
33	Basement remodel for kennel	10/15/14	41,643			41,643	15 MO S/L	6,247	2,776
34	HVAC	5/01/16	196,395			196,395	15 MO S/L	8,729	13,093
35	New Flooring	10/15/16	18,037			18,037	15 MO S/L	300	1,202
<b>Total Other Depreciation</b>			<u>380,512</u>			<u>380,512</u>		<u>107,508</u>	<u>20,089</u>
<b>Total ACRS and Other Depreciation</b>			<u>380,512</u>			<u>380,512</u>		<u>107,508</u>	<u>20,089</u>
<b>Grand Totals</b>			380,512			380,512		107,508	20,089
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>380,512</u>			<u>380,512</u>		<u>107,508</u>	<u>20,089</u>

31-1335474

**AMT Asset Report**

FYE: 12/31/2017

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
14	Chiller pipe project	12/31/13	0			0	0 HY	0	0
15	various	12/31/00	0			0	0 HY	0	0
16	various	12/31/02	0			0	0 HY	0	0
17	various	12/31/00	0			0	0 HY	0	0
18	Cots	12/31/02	0			0	0 HY	0	0
19	Cots	12/31/03	0			0	0 HY	0	0
20	Cots	12/31/04	0			0	0 HY	0	0
21	Cots-2005 Cots purchased for Christ Church	1/12/05	0			0	0 HY	0	0
22	Cots 2005 -18 cots for Milford First UMC +	12/30/05	0			0	0 HY	0	0
23	Cots - 2007	6/29/05	0			0	0 HY	0	0
24	projector and screen	3/29/05	0			0	0 HY	0	0
25	new control unit for phone system	11/09/05	0			0	0 HY	0	0
26	cameras and monitor for improved security sys	11/16/05	0			0	0 HY	0	0
27	phone system balance due	12/31/05	0			0	0 HY	0	0
28	ADT Security System	9/06/06	0			0	0 HY	0	0
29	Wireless card and router	9/20/06	0			0	0 HY	0	0
30	2 PACK & PLAYS (cots 2008)	1/30/08	0			0	0 HY	0	0
31	COTS	9/30/09	0			0	0 HY	0	0
32	NORIX FURNITURE	1/01/12	0			0	0 HY	0	0
33	Basement remodel for kennel	10/15/14	41,643			41,643	15 MO S/L	6,247	2,776
34	HVAC	5/01/16	0			0	0 HY	0	0
35	New Flooring	10/15/16	0			0	0 HY	0	0
	<b>Total Other Depreciation</b>		<u>41,643</u>			<u>41,643</u>		<u>6,247</u>	<u>2,776</u>
	<b>Total ACRS and Other Depreciation</b>		<u>41,643</u>			<u>41,643</u>		<u>6,247</u>	<u>2,776</u>
	<b>Grand Totals</b>		41,643			41,643		6,247	2,776
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>41,643</u>			<u>41,643</u>		<u>6,247</u>	<u>2,776</u>

31-1335474

**Bonus Depreciation Report**

FYE: 12/31/2017

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
33	Basement remodel for kennel	10/15/14	41,643		0	0	0	41,643
34	HVAC	5/01/16	196,395		0	0	0	196,395
	<b>Form 990, Page 1</b>		<u>238,038</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>238,038</u>
	<b>Grand Total</b>		<u>238,038</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>238,038</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b>There are no assets that meet the criteria of this report</b>						



<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Other Depreciation:</b>					
14	Chiller pipe project	12/31/13	30,362	2,024	0
15	various	12/31/00	11,650	0	0
16	various	12/31/02	152	0	0
17	various	12/31/00	6,038	0	0
18	Cots	12/31/02	9,441	0	0
19	Cots	12/31/03	14,697	0	0
20	Cots	12/31/04	6,858	0	0
21	Cots-2005 Cots purchased for Christ Church	1/12/05	2,720	0	0
22	Cots 2005 -18 cots for Milford First UMC + Fr	12/30/05	3,087	0	0
23	Cots - 2007	6/29/05	6,860	0	0
24	projector and screen	3/29/05	1,536	0	0
25	new control unit for phone system	11/09/05	1,035	0	0
26	cameras and monitor for improved security sys	11/16/05	3,111	0	0
27	phone system balance due	12/31/05	942	0	0
28	ADT Security System	9/06/06	1,901	0	0
29	Wireless card and router	9/20/06	514	0	0
30	2 PACK & PLAYS (cots 2008)	1/30/08	640	0	0
31	COTS	9/30/09	7,983	0	0
32	NORIX FURNITURE	1/01/12	14,910	994	0
33	Basement remodel for kennel	10/15/14	41,643	2,776	2,776
34	HVAC	5/01/16	196,395	13,093	0
35	New Flooring	10/15/16	18,037	1,203	0
	<b>Total Other Depreciation</b>		<u>380,512</u>	<u>20,090</u>	<u>2,776</u>
	<b>Total ACRS and Other Depreciation</b>		<u>380,512</u>	<u>20,090</u>	<u>2,776</u>
	<b>Grand Totals</b>		<u>380,512</u>	<u>20,090</u>	<u>2,776</u>

<u>Group</u>	<u>Cost Beginning</u>	<u>Cost Acquisitions</u>	<u>Cost Disposals</u>	<u>Cost Ending</u>	<u>Depreciation Prior</u>	<u>Depreciation Additions</u>	<u>Depreciation Reductions</u>	<u>Depreciation Ending</u>
Equipment	9,039.05	0.00	0.00	9,039.05	9,039.05	0.00	0.00	9,039.05
Furniture and fixtures	85,034.89	0.00	0.00	85,034.89	75,095.19	993.97	0.00	76,089.16
Improvements	286,437.38	0.00	0.00	286,437.38	23,371.71	19,095.83	0.00	42,467.54
<b>Grand Total</b>	<u>380,511.32</u>	<u>0.00</u>	<u>0.00</u>	<u>380,511.32</u>	<u>107,505.95</u>	<u>20,089.80</u>	<u>0.00</u>	<u>127,595.75</u>

## Tax Asset Detail 1/01/17 - 12/31/17

FYE: 12/31/2017

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
14		Chiller pipe project	12/31/13	30,362.00	0.00	0.00	8,096.52	2,024.13	10,120.65	20,241.35	S/L	15.00
15		various	12/31/00	11,650.00	0.00	0.00	11,650.00	0.00	11,650.00	0.00	S/L	5.00
16		various	12/31/02	151.50	0.00	0.00	151.50	0.00	151.50	0.00	S/L	5.00
17		various	12/31/00	6,038.00	0.00	0.00	6,038.00	0.00	6,038.00	0.00	S/L	5.00
18		Cots	12/31/02	9,440.92	0.00	0.00	9,440.92	0.00	9,440.92	0.00	S/L	5.00
19		Cots	12/31/03	14,696.98	0.00	0.00	14,696.98	0.00	14,696.98	0.00	S/L	5.00
20		Cots	12/31/04	6,858.29	0.00	0.00	6,858.29	0.00	6,858.29	0.00	S/L	5.00
21		Cots-2005 Cots purchased for Chris	1/12/05	2,719.64	0.00	0.00	2,719.64	0.00	2,719.64	0.00	S/L	5.00
22		Cots 2005 -18 cots for Milford First	12/30/05	3,087.04	0.00	0.00	3,087.04	0.00	3,087.04	0.00	S/L	5.00
23		Cots - 2007	6/29/05	6,860.00	0.00	0.00	6,860.00	0.00	6,860.00	0.00	S/L	5.00
24		projector and screen	3/29/05	1,536.00	0.00	0.00	1,536.00	0.00	1,536.00	0.00	S/L	5.00
25		new control unit for phone system	11/09/05	1,034.80	0.00	0.00	1,034.80	0.00	1,034.80	0.00	S/L	5.00
26		cameras and monitor for improved s	11/16/05	3,111.00	0.00	0.00	3,111.00	0.00	3,111.00	0.00	S/L	5.00
27		phone system balance due	12/31/05	942.25	0.00	0.00	942.25	0.00	942.25	0.00	S/L	5.00
28		ADT Security System	9/06/06	1,901.00	0.00	0.00	1,901.00	0.00	1,901.00	0.00	S/L	5.00
29		Wireless card and router	9/20/06	514.00	0.00	0.00	514.00	0.00	514.00	0.00	S/L	5.00
30		2 PACK & PLAYS (cots 2008)	1/30/08	639.97	0.00	0.00	639.97	0.00	639.97	0.00	S/L	5.00
31		COTS	9/30/09	7,983.00	0.00	0.00	7,983.00	0.00	7,983.00	0.00	S/L	5.00
32		NORIX FURNITURE	1/01/12	14,909.55	0.00	0.00	4,969.85	993.97	5,963.82	8,945.73	S/L	15.00
33		Basement remodel for kennel	10/15/14	41,643.38	0.00	0.00	6,246.52	2,776.23	9,022.75	32,620.63	S/L	15.00
34		HVAC	5/01/16	196,395.00	0.00	0.00	8,728.67	13,093.00	21,821.67	174,573.33	S/L	15.00
35		New Flooring	10/15/16	18,037.00	0.00	0.00	300.00	1,202.47	1,502.47	16,534.53	S/L	15.00
<b>Grand Total</b>				<u>380,511.32</u>	<u>0.00c</u>	<u>0.00</u>	<u>107,505.95</u>	<u>20,089.80</u>	<u>127,595.75</u>	<u>252,915.57</u>		

<u>Group</u>	<u>Cost Beginning</u>	<u>Cost Acquisitions</u>	<u>Cost Disposals</u>	<u>Cost Ending</u>	<u>Depreciation Prior</u>	<u>Depreciation Additions</u>	<u>Depreciation Reductions</u>	<u>Depreciation Ending</u>
Equipment	9,039.05	0.00	0.00	9,039.05	9,039.05	0.00	0.00	9,039.05
Furniture and fixtures	85,034.89	0.00	0.00	85,034.89	75,095.19	993.97	0.00	76,089.16
Improvements	286,437.38	0.00	0.00	286,437.38	23,371.71	19,095.83	0.00	42,467.54
<b>Grand Total</b>	<u>380,511.32</u>	<u>0.00</u>	<u>0.00</u>	<u>380,511.32</u>	<u>107,505.95</u>	<u>20,089.80</u>	<u>0.00</u>	<u>127,595.75</u>

## Tax Asset Detail 1/01/17 - 12/31/17

FYE: 12/31/2017

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
14		Chiller pipe project	12/31/13	30,362.00	0.00	0.00	8,096.52	2,024.13	10,120.65	20,241.35	S/L	15.00
15		various	12/31/00	11,650.00	0.00	0.00	11,650.00	0.00	11,650.00	0.00	S/L	5.00
16		various	12/31/02	151.50	0.00	0.00	151.50	0.00	151.50	0.00	S/L	5.00
17		various	12/31/00	6,038.00	0.00	0.00	6,038.00	0.00	6,038.00	0.00	S/L	5.00
18		Cots	12/31/02	9,440.92	0.00	0.00	9,440.92	0.00	9,440.92	0.00	S/L	5.00
19		Cots	12/31/03	14,696.98	0.00	0.00	14,696.98	0.00	14,696.98	0.00	S/L	5.00
20		Cots	12/31/04	6,858.29	0.00	0.00	6,858.29	0.00	6,858.29	0.00	S/L	5.00
21		Cots-2005 Cots purchased for Chris	1/12/05	2,719.64	0.00	0.00	2,719.64	0.00	2,719.64	0.00	S/L	5.00
22		Cots 2005 -18 cots for Milford First	12/30/05	3,087.04	0.00	0.00	3,087.04	0.00	3,087.04	0.00	S/L	5.00
23		Cots - 2007	6/29/05	6,860.00	0.00	0.00	6,860.00	0.00	6,860.00	0.00	S/L	5.00
24		projector and screen	3/29/05	1,536.00	0.00	0.00	1,536.00	0.00	1,536.00	0.00	S/L	5.00
25		new control unit for phone system	11/09/05	1,034.80	0.00	0.00	1,034.80	0.00	1,034.80	0.00	S/L	5.00
26		cameras and monitor for improved s	11/16/05	3,111.00	0.00	0.00	3,111.00	0.00	3,111.00	0.00	S/L	5.00
27		phone system balance due	12/31/05	942.25	0.00	0.00	942.25	0.00	942.25	0.00	S/L	5.00
28		ADT Security System	9/06/06	1,901.00	0.00	0.00	1,901.00	0.00	1,901.00	0.00	S/L	5.00
29		Wireless card and router	9/20/06	514.00	0.00	0.00	514.00	0.00	514.00	0.00	S/L	5.00
30		2 PACK & PLAYS (cots 2008)	1/30/08	639.97	0.00	0.00	639.97	0.00	639.97	0.00	S/L	5.00
31		COTS	9/30/09	7,983.00	0.00	0.00	7,983.00	0.00	7,983.00	0.00	S/L	5.00
32		NORIX FURNITURE	1/01/12	14,909.55	0.00	0.00	4,969.85	993.97	5,963.82	8,945.73	S/L	15.00
33		Basement remodel for kennel	10/15/14	41,643.38	0.00	0.00	6,246.52	2,776.23	9,022.75	32,620.63	S/L	15.00
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35		New Flooring	10/15/16	18,037.00	0.00	0.00	300.00	1,202.47	1,502.47	16,534.53	S/L	15.00
<b>Grand Total</b>				<b>380,511.32</b>	<b>0.00c</b>	<b>0.00</b>	<b>107,505.95</b>	<b>20,089.80</b>	<b>127,595.75</b>	<b>252,915.57</b>		

Form **990****Two Year Comparison Report****2016 & 2017**

For calendar year 2017, or tax year beginning

, ending

Name

Taxpayer Identification Number

**INTERFAITH HOSPITALITY NETWORK  
OF GREATER CINCINNATI****31-1335474**

		2016	2017	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1. 458,150	501,321	43,171
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 1,167,422	1,237,349	69,927
	4. Program service revenue	4. 17,586		-17,586
	5. Investment income	5. 197	257	60
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8. 36,540	17,199	-19,341
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. -7,665	-1,582	6,083
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 1,672,230	1,754,544	82,314
<b>Expenses</b>	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15. 64,079	62,060	-2,019
	16. Salaries, other compensation, and employee benefits	16. 504,624	613,836	109,212
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 19,935	30,802	10,867
	19. Occupancy, rent, utilities, and maintenance	19. 20,147	44,464	24,317
	20. Depreciation and Depletion	20. 14,825	20,090	5,265
	21. Other expenses	21. 1,035,835	1,020,577	-15,258
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 1,659,445	1,791,829	132,384
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. 12,785	-37,285	-50,070
<b>Other Information</b>	24. Total exempt revenue	24. 1,672,230	1,754,544	82,314
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 10,118	-1,325	-11,443
	27. Total assets	27. 1,091,787	1,074,103	-17,684
	28. Total liabilities	28. 138,899	158,500	19,601
	29. Retained earnings	29. 952,888	915,603	-37,285
	30. Number of voting members of governing body	30. 14	13	
	31. Number of independent voting members of governing body	31. 14	13	
	32. Number of employees	32. 23	27	
	33. Number of volunteers	33. 1000		

Form **990****Tax Return History****2017**Name **INTERFAITH HOSPITALITY NETWORK  
OF GREATER CINCINNATI**Employer Identification Number  
**31-1335474**

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants .....		<b>1,040,466</b>	<b>1,070,686</b>	<b>1,625,572</b>	<b>1,738,670</b>	
Membership dues .....						
Program service revenue .....		<b>35,172</b>	<b>38,103</b>	<b>17,586</b>		
Capital gain or loss .....						
Investment income .....		<b>111</b>	<b>229</b>	<b>197</b>	<b>257</b>	
Fundraising revenue (income/loss) .....		<b>5,046</b>	<b>18,357</b>	<b>36,540</b>	<b>17,199</b>	
Gaming revenue (income/loss) .....						
Other revenue .....		<b>-5,552</b>	<b>-7,665</b>	<b>-7,665</b>	<b>-1,582</b>	
<b>Total revenue</b> .....		<b>1,075,243</b>	<b>1,119,710</b>	<b>1,672,230</b>	<b>1,754,544</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....		<b>47,482</b>	<b>62,310</b>	<b>64,079</b>	<b>62,060</b>	
Other compensation .....		<b>290,000</b>	<b>306,638</b>	<b>504,624</b>	<b>613,836</b>	
Professional fees .....		<b>14,053</b>	<b>18,628</b>	<b>19,935</b>	<b>30,802</b>	
Occupancy costs .....		<b>19,496</b>	<b>20,947</b>	<b>20,147</b>	<b>44,464</b>	
Depreciation and depletion .....		<b>3,712</b>	<b>5,794</b>	<b>14,825</b>	<b>20,090</b>	
Other expenses .....		<b>437,517</b>	<b>480,577</b>	<b>1,035,835</b>	<b>1,020,577</b>	
<b>Total expenses</b> .....		<b>812,260</b>	<b>894,894</b>	<b>1,659,445</b>	<b>1,791,829</b>	
<b>Excess or (Deficit)</b> .....		<b>262,983</b>	<b>224,816</b>	<b>12,785</b>	<b>-37,285</b>	
Total exempt revenue .....		<b>1,075,243</b>	<b>1,119,710</b>	<b>1,672,230</b>	<b>1,754,544</b>	
Total unrelated revenue .....						
Total excludable revenue .....		<b>29,731</b>	<b>30,667</b>	<b>10,118</b>	<b>-1,325</b>	
Total Assets .....		<b>871,372</b>	<b>1,091,080</b>	<b>1,091,787</b>	<b>1,074,103</b>	
Total Liabilities .....		<b>156,085</b>	<b>150,977</b>	<b>138,899</b>	<b>158,500</b>	
Net Fund Balances .....		<b>715,287</b>	<b>940,103</b>	<b>952,888</b>	<b>915,603</b>	

**Federal Statements**

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ 257				14	
TOTAL	<u>\$ 257</u>					



**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
PROFESSIONAL FEES	\$ 10,512	\$ 10,512	\$	\$
	5,110	5,110		
	2,685		2,024	661
TOTAL	\$ 18,307	\$ 15,622	\$ 2,024	\$ 661

**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
SUPPLIES	\$ 21,236	\$ 20,561	\$ 491	\$ 184
DUES	9,704	1,467	8,237	
TELEPHONE	8,305	7,548	387	370
EQUIPMENT RENT/MAINTENANC	6,046	5,036	143	867
TOTAL	\$ 45,291	\$ 34,612	\$ 9,258	\$ 1,421

**Federal Statements****Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
CAROL ANN & RALPH HAILE	\$ 175,000	\$ 50,792
BETTY PRINCE	40,187	
THE TRUST ESTATE OF GEORGE RILEY	190,000	65,792
PETSMART	45,000	
DAVID H. KNOLL	30,000	
THE SPAULDING FOUNDATION	50,000	
CHARLES DATER FOUNDATION	85,000	
EVELYN DUNN CHARITABLE TRUST	44,000	
CAROL & RALPH HAILE	100,000	
TOYOTA	20,300	
WILLIAM ANDERSON FOUNDATION	20,000	
US BANK	15,100	
CROSSET FAMILY	25,000	
PNC	50,000	
JAMES AND VIRGINIA WILEY	25,000	
ANDREW JERGENS FOUNDATION	30,000	
GCF	101,642	
CONWAY FOUNDATION	5,000	
PASSMAN FAMILY CHARITABLE TRUST	10,000	
PFAU FOUNDATION	10,000	
SCRIPPS HOWARD FOUNDATION	15,000	
RICHARD PICARD	25,000	
L&L NIPPERT FOUNDATION	30,000	
KENNETH SCOTT CHARITABLE TRUST	27,500	
TRIHEALTH	10,000	
OHIO VALLEY FOUNDATION	15,000	
MARGE AND CHARLES SCHOTT FOUNDATION	5,000	
BANFIELD FOUNDATION	5,000	
JAY & BEEULAH RAYMON	5,000	
TOTAL	<u>\$ 1,208,729</u>	<u>\$ 116,584</u>

**Federal Statements****Gala****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
PRINTING/POSTAGE	\$
FURNITURE/DECOR	
OTHER	
TOTAL	\$ <u>0</u>

**Federal Statements****Various Events****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
OTHER	\$ <u>1,770</u>
TOTAL	\$ <u><u>1,770</u></u>